



Doctor Moore Will Make It Well . . .

IT DIDN'T TAKE Mary long to decide what to do when Jimmy fell from his coaster wagon. A bruised knee, a frightened, crying child caused her no alarm. Whenever anything went wrong at Mary's house, it was always Doctor Moore who was called. Somehow or other, he always had the solution to the problem. How fortunate, then, that Jimmy's accident occurred near Doctor Moore's office. And how natural that her first thought should be of him. Hers was a confidence born of experience.

Hospitals, too, must have confidence. They cannot maintain control laboratories to test the

numerous medicinal agents used daily. Few hospital pharmacists can find time to function also as chemists, biologists, and pharmacologists. For the service which these scientists render, the physician, the nurse, and the pharmacist must depend on the large producers of medicinal agents.

Eli Lilly and Company likes to feel that it renders a service unexcelled in its field. It likes to feel, also, that the medical and pharmaceutical professions everywhere have the same confidence in the Lilly Label that little Mary has in Doctor Moore.

PURITY - QUALITY and TIMELY ECONOMY



Today, more than ever before, Canadian dietitians are devoting their knowledge to the planning of nourishing and enjoyable meals with due regard to timely supply restrictions and necessary economy.

These pure, high quality products are popular favourites with good cooks everywhere.

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For delightful desserts.

CROWN BRAND SYRUP

Delicious as a sweetener on cereals, fruits, custards or ices.

MAZOLA

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The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments and the Canadian Medical Association

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Scientific research has shown the danger of infection by air-borne bacteria and viruses. Coughing, sneezing and even talking are important factors in producing air contamination. This source of infection has, in the past, been largely uncontrollable. Today, Safe-T-Aire Ultraviolet Lamps have been shown to destroy pathogenic micro-organisms floating in the air. Hanovia Safe-T-Aire equipment is used to furnish air sanitation and by this means to lessen the danger of infection through air-borne organisms.

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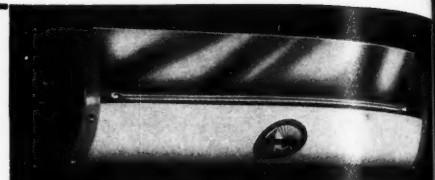
Measles	Colds
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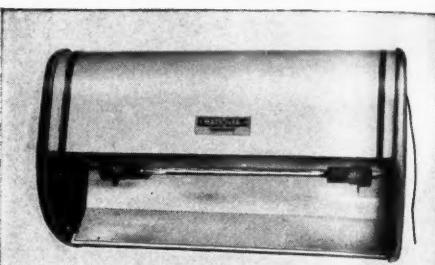
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MODEL ST 2849 G-X . . . SMALL WALL LAMP
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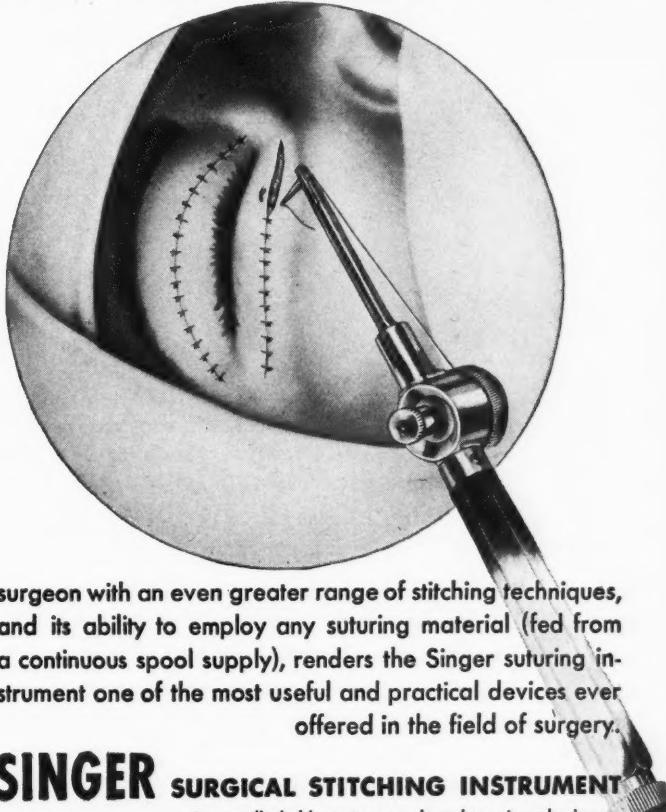
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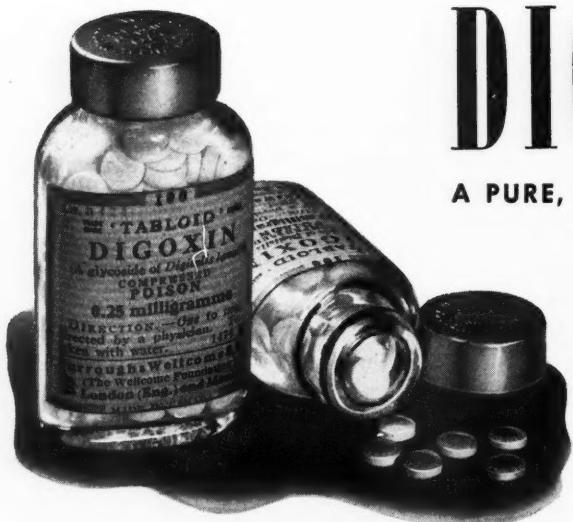
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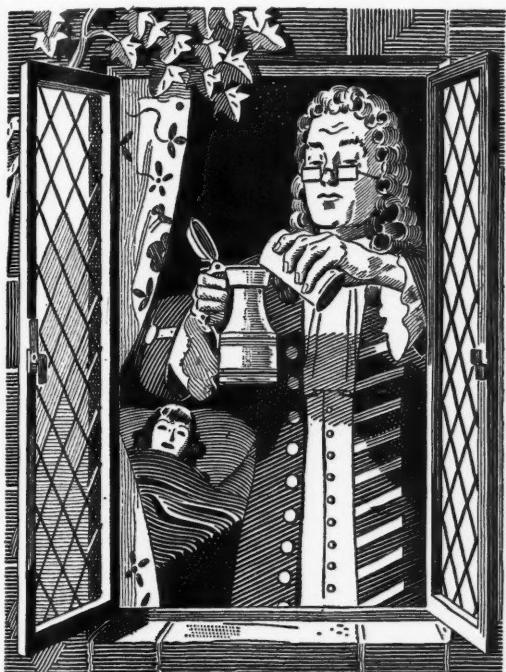
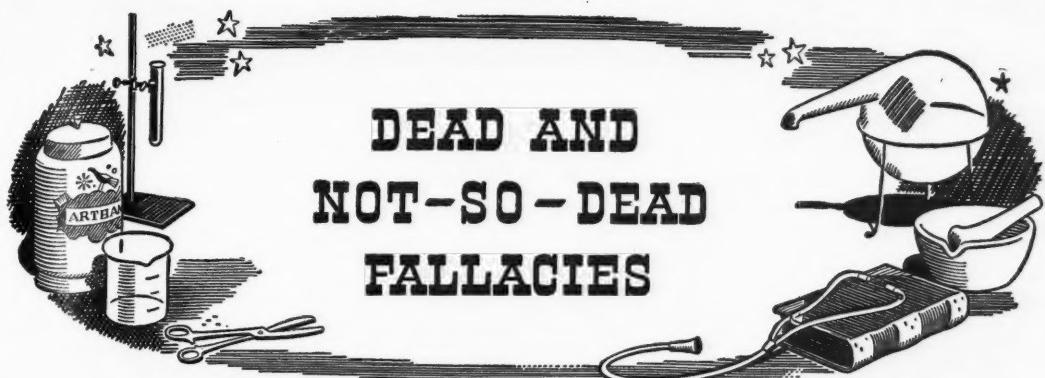


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A 17TH CENTURY PRESCRIPTION for relieving painful childbirth: a lock of virgin's hair cut into fine powder and mixed with 12 ant eggs dried in an oven and powdered. Give this with a quarter pint of red cow's milk.



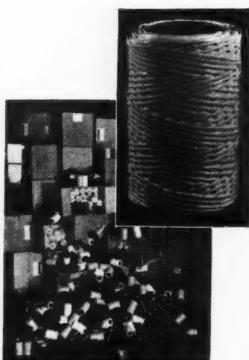
A 20TH CENTURY FALLACY among housewives: the food inside rusted, soiled, or dented cans is spoiled and therefore dangerous to eat. This probably has been brought to your attention by some of your patients.

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Colorful
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FELLOWCRAFTERS' New Plastic Lacing. Solid Extruded Plastics Through and Through. No Coating to Crack, Chip or Wear. The Perfect Non-Leather Lacing for Leathercraft Projects, Braiding and Knotting.

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Across the Desk

By C. A. E.

Scholarships, Annuities for V.O.N.

THE Victorian Order of Nurses is endeavouring to increase the supply of well-qualified public health nurses by the awarding of scholarships. The amount of each scholarship offered by the National Office to nurses who have graduated from accredited schools of nursing is \$500. The candidates agree to serve one year with the Order on the completion of their public health course. In addition to those scholarships provided for one year's post-graduate training, financial assistance is sometimes given to Victorian Order nurses for advanced study on a superiority level. Although the scholarships are awarded nationally, regional recruitment is encouraged. An allowance of \$75.00 for uniforms has also been approved, as well as an annuity plan.

* * *

Appointed J. & J. Representative



James H. Stott, who has been appointed recently by Johnson & Johnson Limited, as representative for Northern Alberta. Mr. Stott is well known to the drug trade through having represented a biological company in this territory for a number of years prior to joining the R.C.A.F.

* * *

Hospital Program—"The Road Ahead"

A new weekly radio program, "The Road Ahead" featuring patients in U.S. Army and Navy hospitals with Clifton Fadiman as MC, and guest stars, was inaugurated in May over the Blue Network. It is regularly scheduled for Wednesday evenings at 9.00 E.W.T.

Purpose of the program is to build an effective and productive link between the folks back home and those who are being reconditioned under the joint auspices of the Army, Navy and Red Cross. Hospital locale, guest stars and commercial sponsor change weekly.

* * *

Production on DDT Commenced

Production of DDT, the much publicized war born insecticide, has been commenced by the Naugatuck Chemicals division of the Dominion Rubber Company at Elmira, Ont. While some component chemicals are being imported from the United States, it will soon become possible to obtain all ingredients in this country.

(Continued on page 16)



VARICOSE CONDITIONS

"Elastoplast" Technique was evolved with "Elastoplast" Bandages and Dressings. The successful results described in the Medical Press and reprinted in "Elastoplast Technique" were achieved with "Elastoplast" Bandages and Dressings.

The combination of the particular adhesive spread used in making "Elastoplast" with the remarkable stretch and regain properties of the "Elastoplast" cloth, provide the precise degree of compression and grip shown by clinical use to be essential to the successful practice of the bandaging technique.

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Made in England by T. J. Smith & Nephew Ltd., Hull

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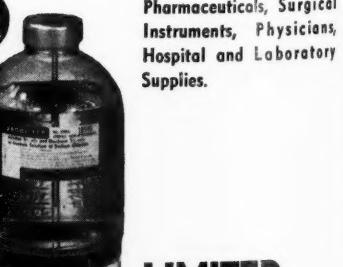


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Pharmaceuticals, Surgical Instruments, Physicians, Hospital and Laboratory Supplies.

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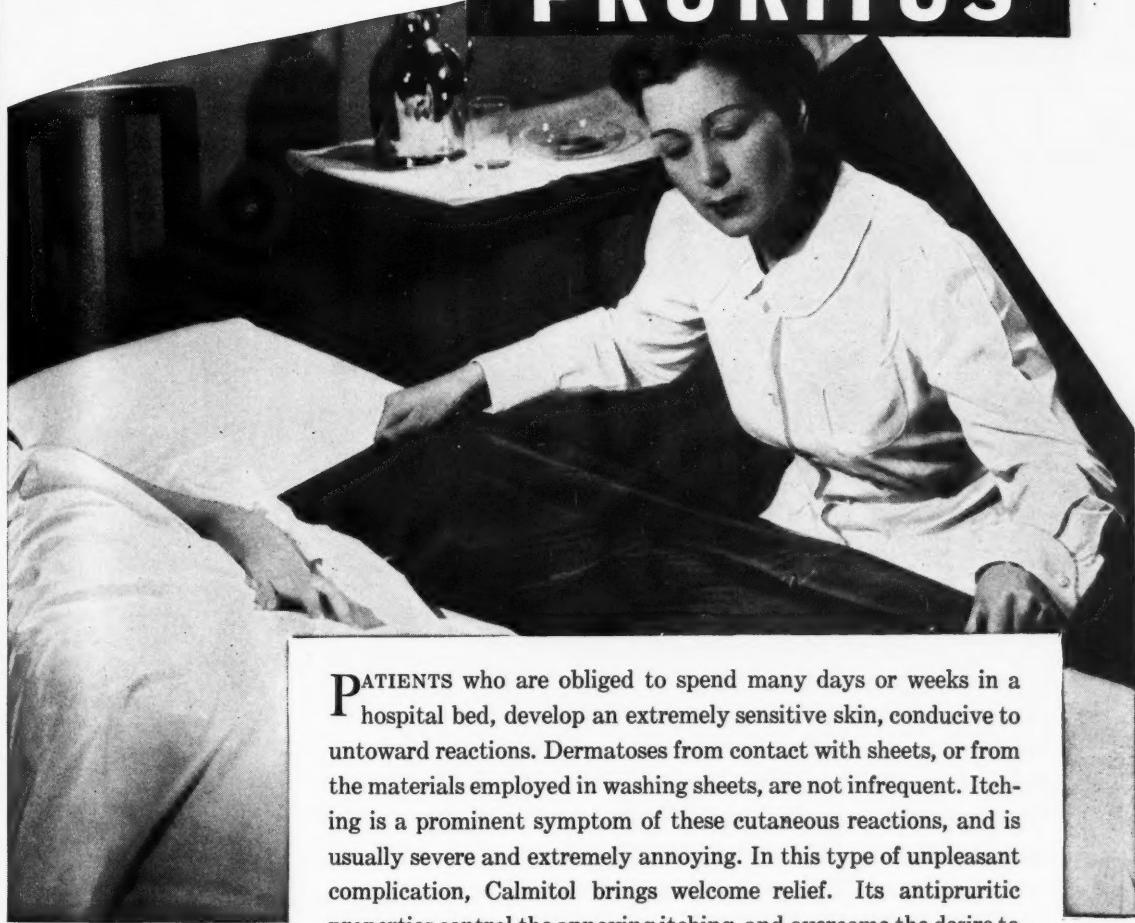
The tamper-proof metal seal is an important guardian of the contents of every Vacoliter. Intact, it proves that your Vacoliter of Baxter Solution has not been opened previously. The metal name disc is a convenient, sure identification of the solution prescribed.

Such safeguards, and Baxter's simple, convenient technique, contribute to a trouble-free parenteral program. No other method is used by so many hospitals.

Manufactured by
BAXTER LABORATORIES, INC.
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*When the Bed
itself becomes the cause of*

PRURITUS



PATIENTS who are obliged to spend many days or weeks in a hospital bed, develop an extremely sensitive skin, conducive to untoward reactions. Dermatoses from contact with sheets, or from the materials employed in washing sheets, are not infrequent. Itching is a prominent symptom of these cutaneous reactions, and is usually severe and extremely annoying. In this type of unpleasant complication, Calmitol brings welcome relief. Its antipruritic properties control the annoying itching, and overcome the desire to scratch. A single application is effective for hours. In addition, the lanolin-petrolatum base acts as a protective to irritated skin areas.

The active ingredients of Calmitol are camphorated chloral, menthol and hyoscyamine oleate in an alcohol-chloroform-ether vehicle. Calmitol Ointment contains 10 per cent Calmitol in a lanolin-petrolatum base. Calmitol stops itching by direct action upon cutaneous receptor organs and nerve endings, preventing the further transmission of offending impulses. The ointment is bland and nonirritating, hence can be used on any skin or mucous membrane surface. The liquid should be applied only to unbroken skin areas.

The Leeming Miles Co. Ltd.

504 St. Lawrence Blvd., Montreal, Canada



Simplify but Amplify...

your KITCHEN work with a BLAKESLEE-BUILT MIXER

- Mix bread, roll and sweet doughs; donut mixes, mince meat, etc.
- Mash potatoes, beat cake batters, cream, sugar and shortening.
- Whip marshmallow, eggs, icings, eggs and meringue. Mix mayonnaise.
- Strain soups, prepare cranberry, apple and other sauces.
- Chop meats, extract juices, slice vegetables, grind coffee, etc.

An outstanding feature of Blakeslee Mixers is unlimited choice of speed—ANY speed from low speed to high speed. Mixing continues as speeds are changed. This avoids starting and stopping.

As an all-around helper—the Blakeslee Mixer is a modern "kitchen magician" that eases, but at the same time steps up the work capacity of your present staff. Especially at peak hours it's a vital help in meeting manpower shortages. Check its many advantages against the needs of your own kitchen.

Blakeslee Mixers cut mixing time and operating costs for all types of kitchens. Blakeslee's exclusive variable speed with "planetary action" gives fast, thorough mixing on the heaviest batches. Ball-bearing construction and 40% fewer wearing parts assure smoother performance and longer trouble-free service.

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G. S. BLAKESLEE & CO., LTD.
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Across The Desk

C. N. A. Advertises Nursing Profession

The Canadian Nurses Association is using space in selected daily newspapers in a weekly series of advertisements of an educational nature, directed particularly to girls who might be about to decide on a profession. Under the heading of "Nursing and National Health", the closely packed copy outlines the history of nursing in Canada from the early days when nurses left France to come to the wilderness that was Canada, to the present-day institutions. It tells of the development of training schools, and of the spirit and gallantry and devotion of nurses in this country. This series is being sponsored through the Canadian Nurses Association head office in Montreal.

* * * *

"Wash Well" Suggestions

In response to a demand by Safety Engineers and Industrial Physicians, West has just printed a number of posters which show employees how to use West hand cleaners and protective creams, properly, and thus help prevent industrial dermatitis. Also included in this series of posters are several which, like the one illustrated, simply remind workers to wash thoroughly, and are suited for display on safety bulletin boards, whether or not West products are used. By writing to the West



Disinfecting Company, 42-16 West Street, Long Island City 1, N.Y., these posters may be obtained without cost.

* * *

Low-Cost Floor Cleaning

Stricter rationing of kerosene has worked out to the advantage of those who have been using this product for the cleaning of oily floors, such as in garages. Oakite Penetrant now does the same job better and at one-third less cost. A hot solution of this material is applied to floors and allowed to soak in. Its penetrating and emulsifying action efficiently loosens all oil deposits, and a hose rinse then leaves the floor free of dirt and grease. No slippery film remains and the fire hazards connected with the use of kerosene are eliminated.—*Oakite News Service*.

* * * *

Bedside Dentistry in Army Hospitals

A portable dental unit is being used in certain Army hospitals to assure bed-ridden patients more complete dental care and speed convalescence. Plans are now under way to standardize this unit for all Army general hospitals in the United States. According to the Office of The Surgeon General this "dentist's office on wheels" carries equipment for a wide variety of dental operations from simple dental prophylaxis to treating fractured jaws and making complete new dentures.

Empire

Reg. Trade Mark

—CANADIAN MADE HOSPITAL EQUIPMENT—

Why are Canadian Hospitals from Coast to Coast Using Empire Surgeons' Blades?

Because they are edged by experts in the grinding art. For most operators the cardinal feature of a Surgical Blade is its cutting sharpness.

The Empire Blade's ability to deliver a clean, effortless incision in large measure has established its value for economical Hospital Surgery.

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... Made by Experts

... Finest Steel

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Fit

Standard

Handles

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STANDARD
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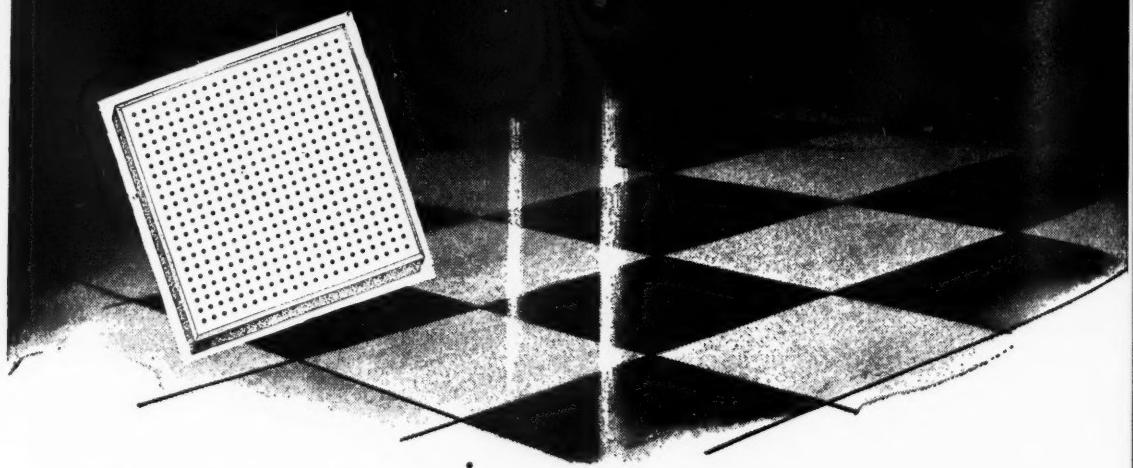
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Empire Blades in 10 gross lots	11.50 gross
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Sound Conditioning with **ACOUSTI-CELOTEX**

IT'S probably the tiniest noise you ever heard and wouldn't annoy a well person. It might not disturb even an invalid. But a hundred and one such little noises, to a sick and feverish patient, can pile up into nerve-jabbing clamor.

Today, there's more noise on every floor. Over-crowding is responsible for a sharp increase in hospital noise. The net result is that recoveries are retarded when they should be hastened . . . overworked staffs are annoyed when they should be calmed.

There's a simple, effective way to convert noise into a gentle hush. Leading hospitals are Sound

Conditioning with Acousti-Celotex. In every case the benefits to both patients and staffs have been amazing. Quiet certainly pays big dividends in comfort and efficiency.

Prove it to yourself by quieting one noise source first—a diet kitchen or corridor. Acousti-Celotex, the most widely used acoustical material, can be applied quickly and quietly to ceilings and other surfaces. It can be repeatedly painted without loss of efficiency.

Write to your nearest Dominion Sound dealer for further information.

DOMINION SOUND EQUIPMENTS LIMITED

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DAVIS GELATINE IN 7 POUND TINS

Is now available in limited quantities



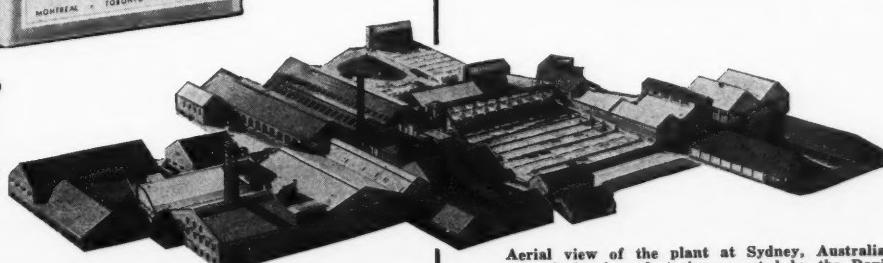
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CATERERS

IT'S THE BEST BECAUSE

1. The Quality is always the Highest.
2. Gel strength never varies.
3. Formula need never be changed once established.
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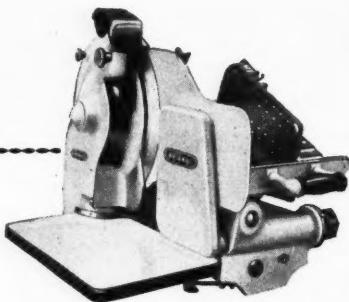


Aerial view of the plant at Sydney, Australia,
one of the four factories operated by the Davis
Gelatine organization.

DAVIS GELATINE (Canada) LIMITED

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CANADA . . . AUSTRALIA . . . GREAT BRITAIN . . . NEW ZEALAND . . . SOUTH AFRICA



Quality Like This Is Worth Waiting For!

Frankly, this BERKEL Slicer is more than a "dream model". Tested and proved by hard usage in these war years and before, it has a proud past—and a brilliant future.

Wartime restrictions limit the number of slicers available for civilian use—but some are now obtainable.

Whatever your slicing problems, our representative will be glad to discuss them with you.

BERKEL SERVICE

Thousands of Berkels are in use by the Armed Services, yet none has suffered for lack of Service.

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SLICERS

We are exclusive Canadian Distributors of the World Famous ENTERPRISE MEAT CHOPPERS, and BIRO POWER MEAT and BONE CUTTERS.

Berkel Products

COMPANY LIMITED

2199 BLOOR ST. WEST

TORONTO 9

New Phone Number—Lyndhurst 5458 (3 lines)

Across The Desk (Continued)

Ingram & Bell Open B.C. Branch

C. C. White, President of Ingram & Bell, Limited announces the opening, by his firm, of a branch office and show room in Vancouver, B.C. This follows approval by the shareholders of Canadian Surgical Supplies Limited, of the sale of their stock in trade, fixtures and good will to Ingram & Bell, Limited, at a general meeting held in Vancouver on May 7th.

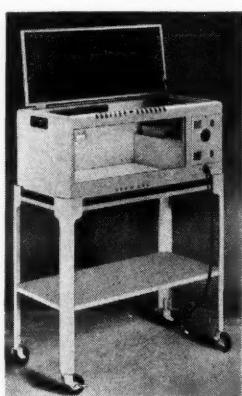
The building at 661 Hornby Street occupied by Canadian Surgical Supplies, Limited, has also been purchased by Ingram & Bell, Limited, for branch premises and business will be continued without interruption at that address.

Mr. J. M. Cave, who has for some time represented I. & B. in British Columbia has been appointed Branch Manager and most of the former staff of Canadian Surgical Supplies, Limited, will also continue with Ingram & Bell, Limited.

* * * *

Portable Baby Incubator

This compact, practical, portable Baby Incubator is designed to supply constant, automatically-controlled heat and increased humidity for both premature and full term babies, for the administration of oxygen to either premature or full term babies, as an ambulance for the transportation of babies, for the administration of oxygen at a high humidity, as a portable Incubator for use in remote areas where hospitalization is impractical, and for the incubation of a full term baby in shock.



The full top of the Incubator opens as one lid so that the baby may be fed, changed or treated without obstruction. This top opening is 12½" by 28¾". The top lid is held open by a safety catch.

It weighs (exclusive of stand) less than 45 lbs. It is 32" long, 15" wide and 13¾" high.

Made by The Gordon Armstrong Co., Cleveland, Ohio, and is distributed by Ingram & Bell Limited.

* * * *

New Unbreakable Tumbler

Another wartime baby that will grow to full stature in peace is a light-weight but durable drinking glass, resistant to bumps and sudden temperature changes, which has been developed by a glass company. The glass stands hard knocks, falls, rough handling, extremes of hot and cold, and lasts three to five times longer than ordinary tumblers, the manufacturer claims. Widely used in training camps, aboard ships, in essential institutions and restaurants for the past year, the new glassware will reach the public this year, but only in a trickle at first. Advertising pictures the "tumbler with a bounce" with high-speed camera photographs showing how the tumbler bounces and does not break.—Marketing.

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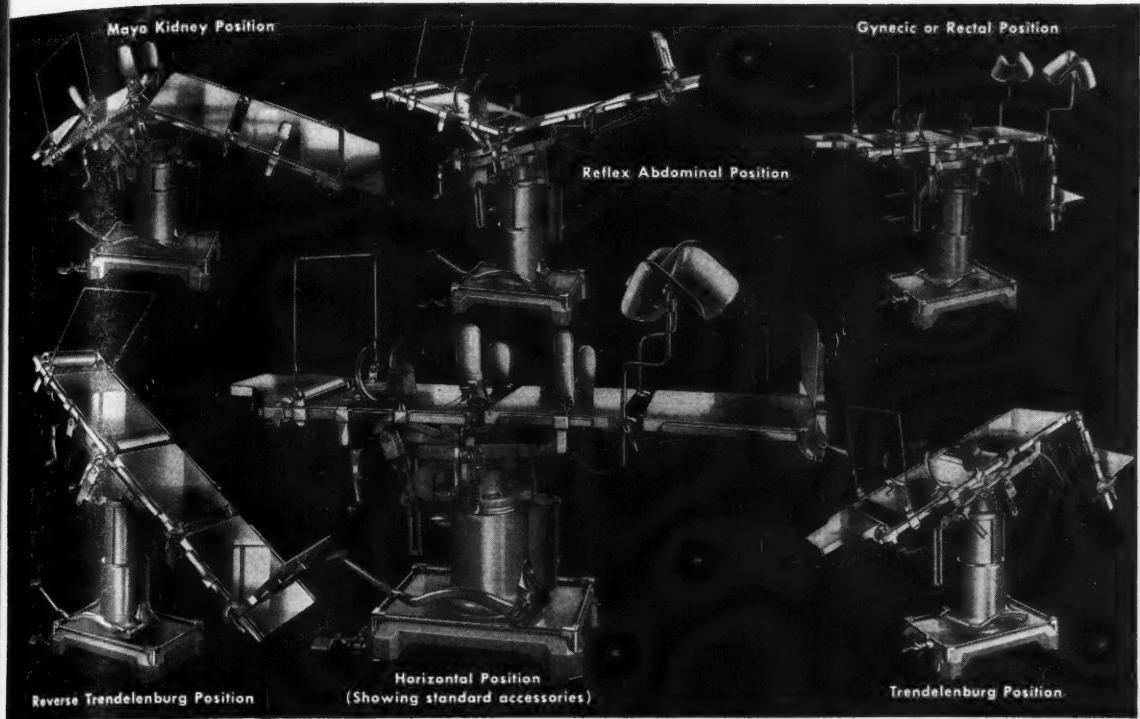
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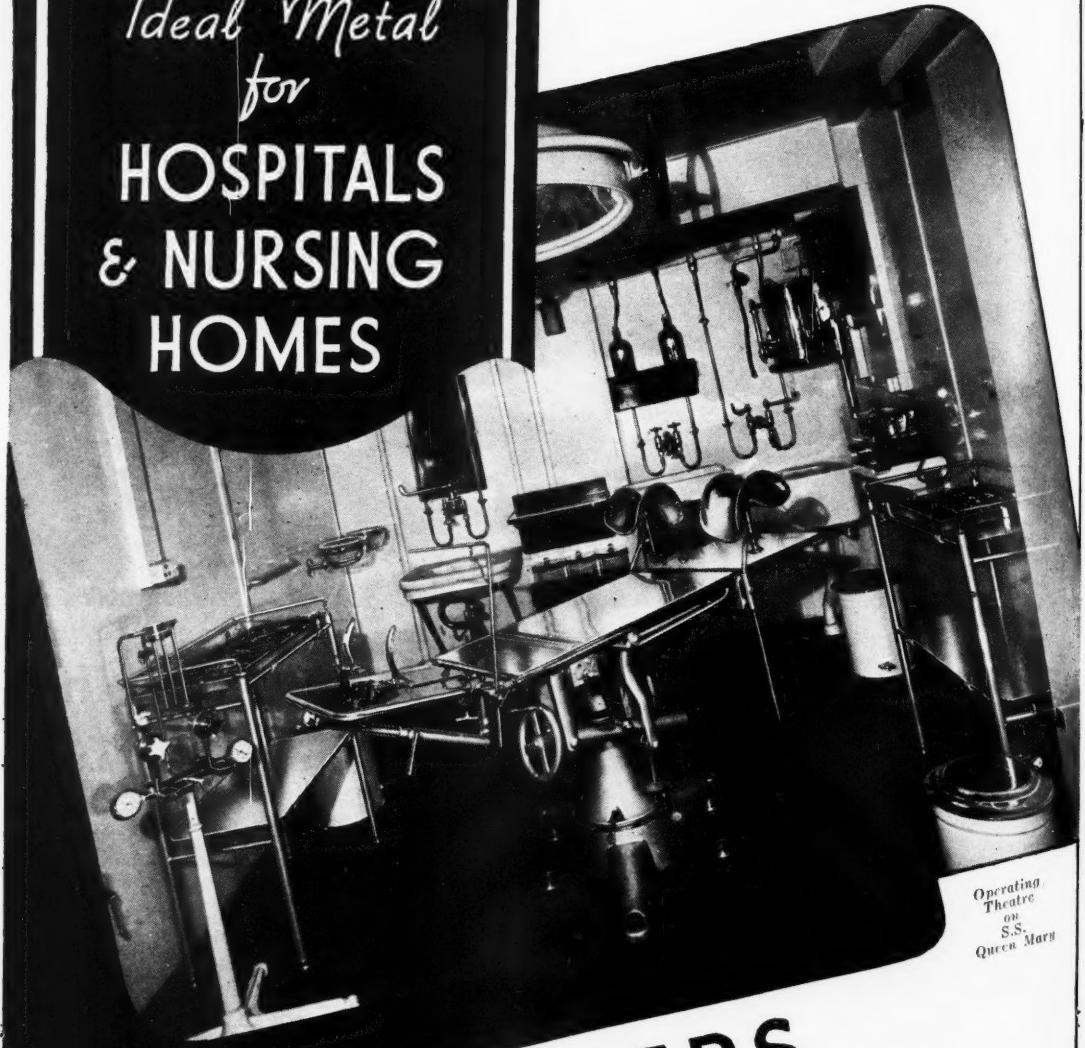
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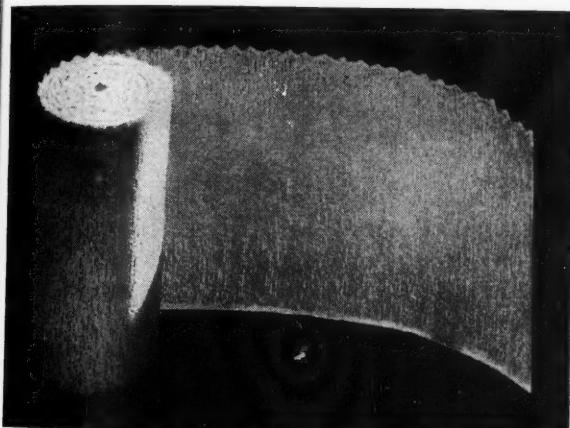
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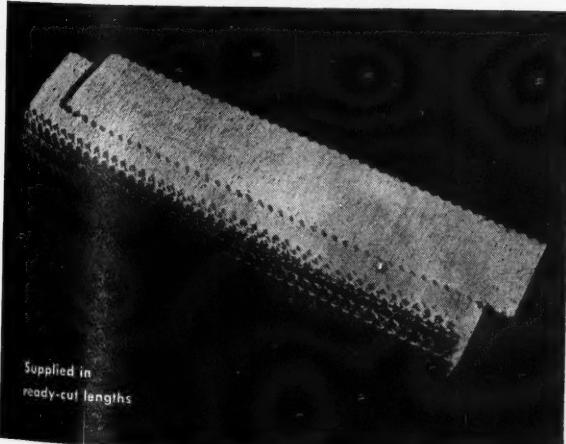
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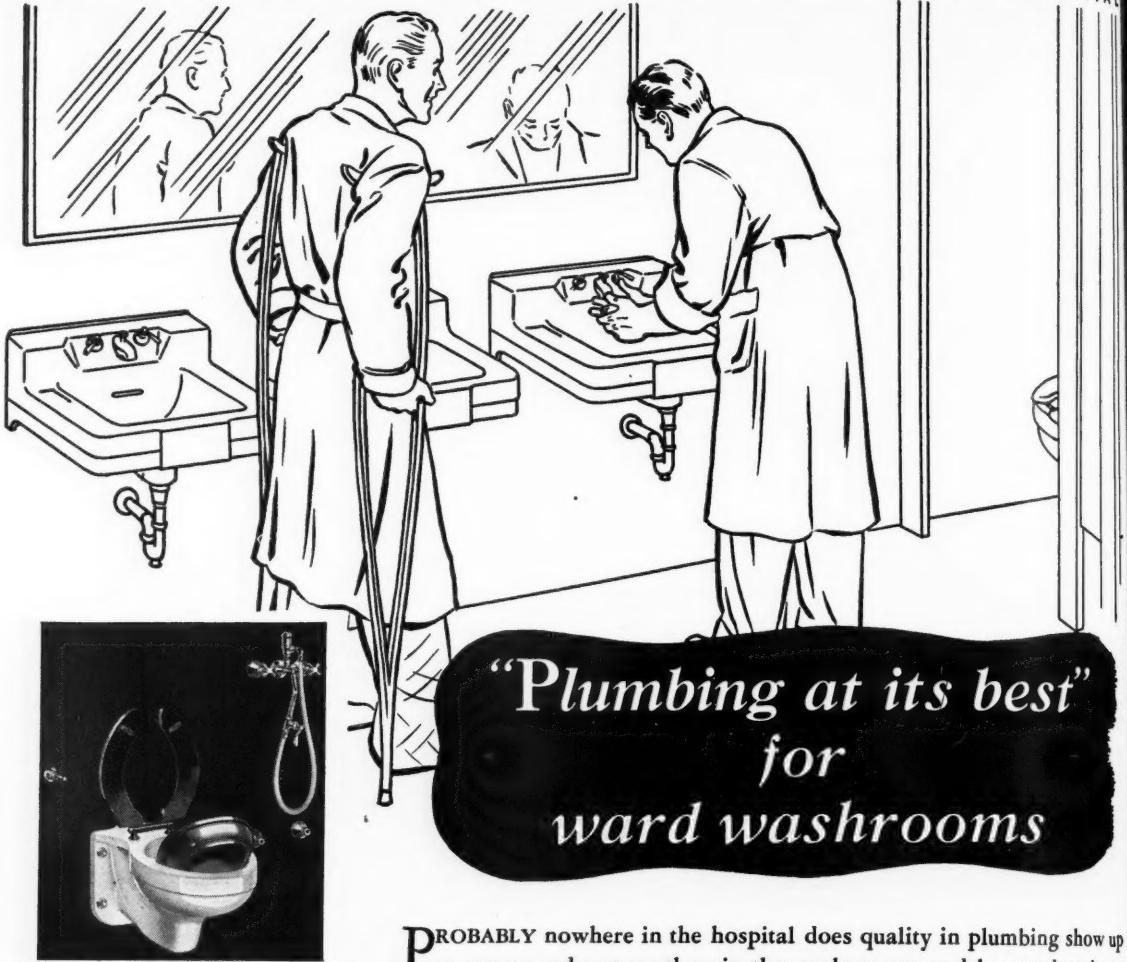
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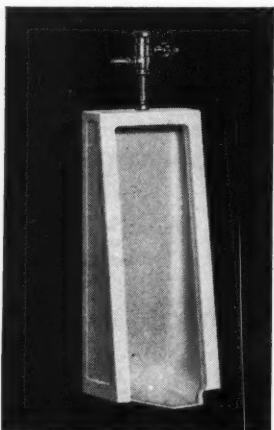
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Harvey Agnew, M.D., Editor

Toronto, June, 1945

Vol. 22



CANADIAN HOSPITAL

No. 6

Hospital Service is a

PARTNERSHIP of INTERESTS

By R. FRASER ARMSTRONG,

Superintendent, Kingston General Hospital

THE practice of medicine is daily becoming more scientific and hospital procedures and techniques have followed these advances very closely. This has contributed to the safety, comfort and quicker recovery of the patient, but it has brought an increased tempo of service and supervision. The modern procedures require more staff and more working space; they bring increased responsibility to all professional hospital workers.

It was not so many years ago that practically all operations were carried out under chloroform, ether or gas anaesthesia. Now the surgeon and the anaesthetist can, from a wide choice of anaesthesia procedures, choose what seems best for a particular patient. Many of these newer methods have their own particular post-operative nursing technique; the advances in this service alone have

brought many new nursing responsibilities and time-consuming efforts.

A few years ago it was the exceptional surgical case that re-

ceived extensive assisting therapy; to-day blood and plasma transfusions are common before and during the operation and oxygen therapy is frequently used after operation. Recovery exercises are receiving more attention; some surgeons insisting that the nurse start these exercises within a day or two following the operation. The new methods have revolutionized surgery, and many patients who in the past were considered poor surgical risks may now undergo operations with safety and with much less post-operative distress.

The increased tempo is not limited to surgery; it is even greater in the strictly medical field. The new controls and supervision extended to diabetics is amazing, and the change in treatment of extensive burns requires more time and more training. Nurses, technicians and therapeutic dietitians who have been out of hospital service for ten years and return to that work would at first



A "Talk" at the Annual Meeting (always a well-attended public gathering) of the Oshawa General Hospital this spring.

be simply bewildered. It costs a great deal to supply the personnel, supplies and accommodation to render this service. Where does this money come from?

A Partnership of Interests

Hospital service, increasing year by year in life saving possibilities, has for many years been provided in Ontario under a partnership of revenue-contributing interests. The partners are the patient, the province, the municipalities and those voluntary contributors who may be considered under the heading "philanthropy". Under such a partnership the gross burden has been distributed, a high standard of service has been provided, philanthropy has been encouraged and local autonomy maintained. The arrangement has so many advantages that if adjustments are necessary to keep it strong and popular, then those of us who are interested should be aware of any weaknesses and strive to have the desirable adjustments put gradually into effect under some well-considered long-term plan.

The weakness does not come from the principle of the partnership idea; it comes from the detail of arranging the support from the public partners. The municipalities and the province have had their proportionate support largely controlled by the number of indigent days of service. The result is that in times of high employment their percentage contribution drops, and in times of depression, when they are least able to meet the burden, their percentage portion of the gross cost increases. Obviously, this is not good for anyone concerned.

Some Comparisons

If the 1930 and 1943 provincial government reports are compared, considerable food for thought will be obtained. Some of the information from these reports is interesting, some most disturbing and some most pleasing.

An interesting feature is the increase in admissions and in the collective days of service. In 1930 the total days' service in Ontario general hospitals was less than three million days; in 1943 it was slightly over four and a half million days—an increase of 52 per

cent. The number of patients treated increased by 80 per cent, and while the total cost of treatment increased by 62 per cent, the cost per patient served was less in 1943 than in 1930. This is a record to be proud of, particularly when one takes into consideration commodity and employee costs in 1930 as compared with 1943.

Some Disturbing Features

The disturbing feature from the study of the 1930-1943 reports arises out of the unfortunate possibilities that may develop from the changed proportionate support on the part of the several contributing partners.

When employment was at a much lower level than it is to-day, the municipalities and the province, as contributing partners, carried a considerably greater proportion of the total hospital costs. For instance, in 1930 the province met

almost 9 per cent of the gross. By 1943 the province's proportion had dropped to less than 5 per cent.

It may be that history will not repeat itself and we will not run into any primary or secondary depressions after this war. But if we do—unless the proportional yearly support is levelled—our public partners are suddenly going to get a real jolt. The total cost of hospital care cannot be reduced greatly, and at present the paying patient is carrying about 77 per cent of the load. If a depression comes the paying patient's proportion will be decreased substantially. This proportion will have to be taken over by the province and the municipality at a time when they are not accustomed to the burden and less able to assume it.

The disturbing possibility is that, with the government and municipality finding it difficult to finance in a depression period, they may not be able to advance sufficient funds to the hospitals to keep up the present standard of service. But the citizen knows what service could be given, and this citizen will be dissatisfied with anything less than the best. At the same time the tax-payer will be growling about the new and sudden load thrust upon him. Then you may have a situation whereby two complaining forces converge upon the government, and it may be that in desperation new control policies will be adopted which later all of our citizens would regret. The present partnership plan is too good a one to lose.

A long term levelling-support policy on the part of our public partners is almost a necessity. It looks as if the Provincial Government realizes this, for last year they increased their indigent payment per diem rate by 25 per cent and there were hopeful signs that they were wanting to do something to assist special services and capital expenditures. This year they have passed legislation increasing the municipal indigent per diem rate by about 28 per cent. These are progressive moves which will allow the hospitals to approach a possible depression in a stronger position. It would be fatal if hospitals entered a post-war depre-

(Concluded on page 64)



May 7th, 1945.

Employees Loyal To Patients On V-E DAY

By ELEANOR WRENSHALL



A Downtown Holdup.

HOSPITAL employees may be excused if they are walking around these days with smiles that are slightly smug. They have earned the right to wear 'em by their exemplary conduct at a time when the rest of the country had drowned out all thoughts of the nine-to-five schedule in the honking of auto horns and the music of Victory Parade bands.

In response to an inquiry as to how hospital facilities were maintained on V-E Day, superintendents of hospitals right across Canada have paid glowing tribute to the way in which their staffs "carried on". In most cases a pre-arranged scheme for curtailing all but the most essential services was put into effect immediately. Operations (except for emergencies) were advanced a day, outpatient departments shut down, and the work of maintenance staffs reduced to a minimum. Such foresight no doubt did much to ensure smooth operation. But in the last analysis these careful plans depended on the loyalty and sense of responsibility of the employees to ensure their success. And the staffs came through in a way that has made the hospital field proud of them.

Typical of the replies received is this one from Dr. W. H. Delaney, superintendent of Jeffrey Hale's Hospital in Quebec City: "All of the

hospital staff, through a spirit of loyalty to the institution and knowledge of their responsibilities, remained at their posts, and consequently none of the services were disrupted."

From Miss A. J. MacMaster, superintendent of the Moncton Hospital: "V-E Day was anticipated by a pre-arranged holiday schedule which was automatically put into effect. All services were maintained without disruption, although extremely short staffed. The attitude of all workers was excellent."

Mr. J. H. Roy, superintendent of Hôpital Saint-Luc in Montreal, reports: "Our different departments were kept running on a very normal scale, except for the departments of the outpatient ward and the operating rooms, where a sufficient quota of personnel remained on duty for emergencies. On V-E Day all members of the staff whose services could be dispensed with were given their day off on the same day, while those remaining on duty were allowed the next day off. Congratulations are to be bestowed upon the hospital staff for their fine spirit and behaviour, due consideration being given the patients for the necessary care to be shown in their behalf."

From the traditionally wild-and-woolly west comes the cheering news from Mr. George Patterson, acting superintendent of the Regina General

Hospital, that: "In Regina, although there was evident a feeling of jubilation over the good news, there was at no time any action on the part of the public to cause the police department any concern . . . No difficulty was experienced in maintaining service in the hospitals, the day being observed as any other statutory holiday and the services well covered in a satisfactory manner. Time off was arranged for all personnel who could be spared to enable them to attend the parade and Victory Rally."

Sister Alice Herman of Holy Cross Hospital in Calgary reports: "V-E Day passed peacefully in Holy Cross Hospital. Arrangements were made with employees to have an extra day during the week. All admissions were open to emergency cases only for two days. All services carried along without interruption except for the laundry, which closed for the day. We had 100 per cent co-operation from the staff."

Dr. A. K. Haywood, superintendent of the Vancouver General Hospital, writes: "All hospital employees had been warned some days previously by circular letter, and practically all reported for duty. Wherever possible employees were allowed to leave at noon and had the following day (Tuesday) a holiday. Those who could not be released had their time made up during the week.



How One Store Looked after the Halifax "Celebration".

The operating slates which were already made up were completed.

"Perhaps owing to Pacific Coast emphasis on the Japanese War, Vancouver's celebration was fairly quiet, most taking place on Monday." (A newspaper clipping enclosed states that the Hospital, up to midnight on Monday, handled 57 emergency cases. The "emergencies" ranged all the way from falls from swings (!) and sunburn to injuries received in street-fights.)

Mr. H. W. Wakefield, director of personnel at the Toronto General Hospital, states: "We had anticipated that we would be short-staffed, but as it turned out there was no interruption of service at all. Even the night staff turned up in force on Monday night. About 50 per cent of the scheduled operations were carried out. Meals were not only maintained but a chicken dinner was served to patients and employees alike. We should certainly like to record our appreciation of the loyalty and devotion to duty of the hospital staff."

From Mr. Horace Atkin, superintendent of the Metropolitan General Hospital at Windsor, Ontario: "There was not a single accident that could be attributed to the holiday. Our employees carried on work as usual and no service of the hospital was affected in the slightest degree. Our surgical section had one of its largest days, and the doctors were on the job. The nurses and all house-

keeping and dietary help were given the privilege of working and getting an extra day's pay. This may have provided the incentive for the employees to be on the job—we could not have obtained replacements if they had decided to stay away. The office, laundry and other members of the staff were given time off for the day or the alternative of another day of their choosing."

Dr. A. F. Anderson, superintendent of the Royal Alexandra Hospital in Edmonton, writes: "We carried on with an absolute minimum of disturbance. On Monday we declared a half holiday as from noon—it was Arbor Day anyway. Then on Tuesday all operations were cancelled and nurses given Sunday Hours and other employees a half holiday. Of our 500 or more employees only two or three failed to report for duty . . . As for the city of Edmonton, I think the people were unusually well behaved. The church services were very well patronized and hilarious celebrations were not as noticeable as can usually be discerned on any New Year's Day in any normal year."

At the Winnipeg General, according to Dr. Harry Coppinger, superintendent, "we went on what is known as 'Sunday Routine', (social service department and outpatient department closed, and skeleton staffs maintained for office and maintenance routine). The Operating Room was closed except for one

crew who stood by for emergencies . . . In dealing with nursing personnel, preferential consideration was given to those wishing to attend church services . . . Inquiries showed that we got by very well indeed and that there was no let-down in our care of patients."

From Halifax, centre of most of the V-E Day disturbances, comes a report from Sister Stella Maria, superintendent of the Halifax Infirmary: "We accommodated the already booked patients as usual. In addition the busy staff rendered attention to the nine or ten casualties that came in during each twenty-four hours. These were suffering mainly from wounds received from broken glass or injuries sustained through brawls and, except for three who were more seriously hurt and for whom beds were set up in the halls, were given first aid treatment and discharged . . . Our interns and nurses, as well as our dietary personnel, held to their posts faithfully, working their regular hours. The laundry and household workers had a free afternoon granted them. We tried to show our appreciation of the loyalty of the staff by making the Dining Room menus "out of the ordinary" on these very extraordinary days."

Dr. J. E. Hiltz, acting medical superintendent of the Victoria General Hospital, states: "As you may have learned from the papers, V-E Day was quite an occasion in Halifax. We received casualties well on into the early morning hours. We had made special arrangements to look after these in one of our most accessible wards. Our interns served the public nobly and our nursing staff were most interested in the events and were anxious to stay on special duty throughout the evening and early hours of the morning. In fact, many of them were disappointed when they found that they could not be used! . . . I cannot pay too high tribute to our staff who stood by us so well in our 'time of need.' I am certain that the public got as good or better service than usual on this day."

From Saint John, Mr. Ralph Gale, superintendent of the General Hospital, reports: "About a month ago we sent a memo to all department

(Continued on page 82)

Communicable Disease and the General Hospital

By DR. G. F. AMYOT, Provincial Health Officer for British Columbia, and DR. J. S. CULL, Assistant Provincial Health Officer

THE pest house is a thing of the past. It has now been adequately demonstrated that communicable diseases can be cared for in a general hospital without an isolation unit, by the use of simple equipment and proper technique. Any hospital should be able to provide accommodation for the treatment of communicable disease if they have a proper private room or small ward that can be isolated, with proper nursing technique. The old method of having a separate building, closed-off wing or isolation hospital, is not considered necessary to-day.

Patients must, of course, be segregated by disease, age groups and sex. Cubicles are the ideal for a larger hospital but are not absolutely necessary to care for this type of case. Consideration must also be given to the degree of communicability of the disease.

Equipment

Equipment required is very simple and should include at least suitable washing facilities for nurse and physician. Running water and a common spout with mixing facilities are needed. There should be no plug for the wash basin. In addition, for enteric disease—typhoid or dysentery—individual bed pans, urinals, enema tubes and other such equipment will be needed for the isolated room, unless adequate steam sterilization is available.

Gowns available inside the isolation quarters are to be used by the nurse and the physician. Masks should also be available for use when indicated. An electric ring or hot plate is handy for sterilizing dishes before they leave the room. Dress-

Presented by Dr. Cull at the Pre-Convention Instructional Course preceding the British Columbia Hospitals Association Convention in Vancouver in October.

ings and other burnable waste material can be placed in a paper bag and burned.

Personnel and Technique

The whole success of isolation procedure depends on personnel and their technique. The technique is simple and consists of washing, wearing of gown and mask, where indicated, proper sterilization of utensils and sterilization of excreta where indicated.

Proper isolation technique for aseptic nursing can be taught to lay people and any intelligent nurse should be able to master the few simple and practical points that are necessary to prevent the spread of infection into the other parts of the hospital. In larger hospitals there should be a nurse on the staff particularly trained in isolation technique in a proper teaching institution. Procedures should be written out.

Immunization of Hospital Staff

All nurses and other staff employed in the hospital should be protected against the communicable diseases for which there is an adequate immunizing procedure, particularly smallpox, diphtheria, typhoid and paratyphoid fevers, and scarlet fever. It is often difficult to recognize a case of communicable disease, and if hospital personnel are exposed to a case without knowing what it is, they may gain the infection through the lack of proper precautions.

Medical Nursing

To a close observer it is often surprising in modern hospitals to contrast the technique practised in the operating room and surgical wards with that practised in the medical wards. Aseptic medical nursing is a very simple procedure, just as is the care of communicable disease, and

should be learned and practised by every person coming into contact with the patient.

Operating room procedures are very strict with a view to preventing infection of patients in an area where the chances of infection are relatively small. On the other hand, in the wards many patients are treated who suffer from a condition which is communicable to a greater or lesser extent, and yet little attention is paid to the technique which is necessary to prevent the nurse, the attendant or the other patients in the ward or hospital from receiving the infection.

Diseases like pneumonia, tonsillitis, septic sore throat, tuberculosis, leprosy and venereal disease, are frequently thought of as entities and not under the heading of communicable diseases. The term 'communicable disease' is frequently limited in its application to scarlet fever, mumps, chickenpox, german measles, etc. Yet pneumonia, septic sore throat, etc., may often be more dangerous and more communicable than tuberculosis and even leprosy. The common cold often spreads like wildfire throughout institutions because it is not considered a communicable disease. No nurse or other hospital personnel suffering from a cold should be allowed to treat patients in a hospital.

Tuberculosis and Venereal Disease

Every hospital should be able to provide some facilities for the care of these cases. In tuberculosis, the hospital can serve as an intermediary between the home and the tuberculosis sanatorium and, for venereal disease, to take care of certain complications. Insofar as venereal disease is concerned a case under proper treatment does not present a hazard. It is only spread by intimate contact.

Sanitary Environment

The sanitary environment in the hospital is just as important as that in the community or home. Communicable disease can be readily spread because of poor environmental sanitation. Patients go to hospital to regain their health and it is obvious, therefore, that no preventable hazard should exist within the institution. Here again certain simple little procedures can, and should, be carried out in all hospitals, not only to protect the patient and the staff, but

also to serve as an example to the community.

Dish Washing

Dishes, cups, glasses, knives, forks and spoons are used by many patients and used over again frequently during the day. Some of these patients may either have a communicable disease or may be healthy carriers of a disease from which they themselves are not suffering. It is obvious that if the dishes or cutlery are not properly washed and sterilized these diseases can be spread to other people using the same dishes later during the day.

Nurses are usually fussy about having their own dishes or cup in the ward for a cup of tea. Why? They are either afraid of the condition or infection they may contract from the patient, or naturally superstitious, or may actually know that the dish-washing methods as practised in the hospital are not satisfactory. If it is dangerous for the nurse to use the dishes which are used by the patients, how much more so is it for other patients to do so?

If the dishes are properly sterilized anyone should be able to use them safely in any institution. Proper dish-washing methods are simple and should be practised in every hospital, regardless of the size of the institution.

An effective and not too expensive dish-washing machine is the solution for the larger hospital. However the smaller hospitals can also provide proper dish-washing facilities. A double sink with soap and warm water in one compartment to remove visible dirt from the dishes, with a second compartment filled with hot water (over 180°F) into which the dishes can be submerged and left for two or three minutes in a basket of wire or metal, or even wood, and then removed and let dry by themselves.

It might be necessary to put a steam pipe through this second compartment to ensure that the water is kept above 180°F at all times. If this is not possible a pan of hot water can be kept on the stove.

Drying dishes by their own heat eliminates the questionable practice of using a dish towel, and then all that needs to be done before the dish is used again is to polish it with a dry cloth. Dirty water and dish

towels can infect or contaminate otherwise clean, safe dishes.

A chlorine compound can be used in the second sink just as effectively, but this will require drying of the dishes afterwards, with this much extra labour and the poor practice of wet, dirty towels.

Food Handling

Clean, wholesome food can be contaminated and made unfit for human consumption by poor food-handling methods. Workers who wear clean smocks or suits, with their hair covered up, have usually been taught to practise other good food-handling methods.

Hands should be washed often during the day and always after using a handkerchief or going to the toilet. A person with any pimples or infected cuts on their hands should not be allowed to handle food, as this may be a ready method of spreading food poisoning.

All cream sauces and cream fillings to be served cold should be cooled in the refrigerator and not left out in the open where, if they are contaminated, bacteria can grow very rapidly at the room temperature and produce toxin which may again cause a food-poisoning outbreak. It is obvious that they should be kept from access by flies.

Inserting fingers into cream jugs or glasses, or handling knives, forks and spoons by the "business end" is obviously poor technique, and the staff should be taught proper methods.

All foods that require refrigeration should be properly refrigerated; this includes milk.

Milk and Milk Handling

Pasteurized, boiled or otherwise sterilized milk is the only safe milk to use for human consumption.

Milk should be purchased because of its quality and safety only, and not because of the producer. No hospital should subject its patients to the danger of using raw milk. If pasteurized milk is not available, it can be readily pasteurized in any hospital, irrespective of size.

A simple pasteurizing procedure consists of heating all milk to 165°F, holding it there for 16 seconds and then cooling as rapidly as possible to 50°F or less. Use individual bottles for patients and small cans in the kitchen. Dipping out of large cans is bad at any time and place.

Water Supply

Every hospital should have a safe water supply. The water should be investigated and inspected periodically.

(Continued on page 78)



Nuns in an Italian hospital disinfecting the children rescued from underground hovels by Allied Armies.

To the

Graduating Class

IT is my proud privilege to welcome you into one of the greatest sisterhoods of the world—the sisterhood of graduate nurses.

The future of the profession of nursing lies in the hands and minds and *hearts* of thousands of young nurses—like yourselves—now graduating from schools of nursing everywhere. It is the combined efforts of each and every individual that will build a better world, each in her place wherever it may be, day by day, doing her best. Degrees of ability differ but each of you has a special offering that is all her own—like none other. Each one of you has today, and today only, with which to build a better self, building on faith—faith in others, faith in your country, and with faith and confidence in yourselves. Thus far you have done well as the patients of your hospital would gladly testify, and tonight you stand proud and unafraid facing the future.

Your course of nursing during the past three years is one of which we hope you can wholeheartedly say:

"All we had of joy, endures, a joy within us,
All the rest of life is lovelier for those years."

These years you must regard only as a background upon which you will now build carefully and thoughtfully, day by day, your own pattern of life in colours chosen by you. You

will choose for your pattern of life the soft colours and shades of tenderness and understanding, of hope and faith; you will choose the clear colours of purity of thought, word and deed; and you will undoubtedly choose bright colours for courage and steadfastness. But whatever colours you choose for your pattern of life, and however perfect is the resulting life picture, there must also be found running in and out and through that pattern, beautifying and enriching all its colours and shades, a golden thread—the golden thread of service, the true meaning and purpose of human life.

Wherever life may take you, our wish for you is that you may let your service to others and your own personal achievements run along side by side. Service is the heart and soul of nursing—service to the weak, to the sick, to the helpless, to the aged and to the very young—with tolerance, kindness and loving skill, regardless of class, race, colour and

social position; for true nursing recognizes no such differences. May you continue with determination and with loyalty to the highest standards of your profession. In so doing, you must eventually develop to your finest and your best, aims to which everyone at heart longs to be true. Then will you attain to that one quality that never can die though all else may perish—a character that is strong and good and true.

{ *From an Address by Miss Elinor Palliser,
Director of Nursing, Vancouver General Hospital.* }

Chronic Starvation—

What Are Its Effects?

By HARVEY AGNEW, M.D.

DURING the past few weeks we have been shocked and saddened by the almost unbelievable stories of deliberate mass starvation by the Germans of ten of thousands of their prisoners and internees. Were these horrible statements and disclosures by reputable observers not supported by scores of photographs we could hardly have believed that a nation could sink to such inhuman and cruel barbarity.

These photographs, whether of the piles of dead not yet burnt or of those still able to draw an occasional breath, reveal the bodies shrivelled to caricatures with skin tightly drawn over the protruding skeleton, the sunken glazed eyes, the drawn mouth, the hopeless expression. What goes on within the human body that needs meat and cereal and vitamins and is given but watery grass soup and a few potato peelings?

To the observer the loss of weight is the most obvious sign. Adipose tissue may completely disappear and muscles be reduced to thin practically useless bands. Surplus fat goes first, then the fatty envelopes of the internal organs and lastly the interstitial fat of the muscles. Glaister tells us that "Generally speaking, it may safely be affirmed that it is not compatible with the maintenance of life that a body should lose more than one-quarter of its original weight". It would seem, however, that experience in Germany and on life-rafts would indicate many examples exceeding this loss.

Other common observations are a constant and peculiar odour, dilated pupils, pale and parched lips, a red, hard and dry tongue and a sunken abdomen. Sometimes there

is oedema of the extremities. In early stages there is frequently a slight fever; later, towards the end, the temperature falls below normal. The pulse, too, rises in the early stages, then slows down. Later, near death, it rises in frequency again. Deficiency diseases such as scurvy, beri-beri and pellagra are frequently reported.

On post-mortem examination the heart, lungs and large vessels are collapsed and contain little blood. The liver, kidneys, spleen and other viscera are small, shrunken and there is an absence of surrounding fat. The omentum and mesentery are either clear and without fat, or have practically disappeared. The gall bladder may be full of dark stagnant bile.

The hollow viscera, stomach and intestines are usually contracted, collapsed and thinned out. Occasionally the stomach may be atonic and dilated. Sometimes the thinning of the walls is so marked that food can be differentiated through the almost transparent visceral wall.

It is of interest that not all organs lose weight at the same rate. One writer states that the heart and brain, highly essential organs, lose but 3 per cent of their original weight; the voluntary muscles lose about 31 per cent, the liver about 54 per cent and the spleen about 67 per cent of the original weight.

Biochemical Change

Starvation is essentially a matter of biochemical adjustment. The basic change is one of acidosis. If food ingested is not sufficient for the body's needs, the body must live on its own tissues. The body protein is saved as much as pos-

sible, which means that metabolism is carried on by burning stored carbohydrate and fat. In starvation the carbohydrate is quickly exhausted, then the body draws on its fats and finally begins to consume its own protein. As the late J. J. R. MacLeod put it, "Working capital being all exhausted, an attempt is made to keep things going for a little longer time by liquidation of permanent assets." The resultant premortal rise in nitrogen excretion is "really the harbinger of death".

Acidosis is a condition due to the excessive withdrawal of bases through the formation of acids within the body. Although most commonly encountered in *diabetes mellitus*, food intoxications of children, nephritis, pernicious vomiting and other conditions, it is a constant finding in starvation. Certain acids known as "acetoacetic bodies", specifically acetoacetic acid and B-hydroxybutyric acid, are produced when carbohydrates are not metabolized—in these cases, not consumed. These two acids are formed from the fatty acids in the body. Ordinarily the carbohydrates permit these fatty acids to be oxidized to carbon dioxide and water. If there is a lack of carbohydrates, some of these fatty acids are converted into the acetone bodies mentioned above; these are difficult to oxidize and are excreted in that form. Hence the presence of acetone and diacetic acid in the urine (ketonuria). Other evidences of acidosis, more constant and reliable, are changes in the hydrogen concentration of the blood, the alkali-reserve of the blood, the carbon-dioxide tension of the alveolar air and in the alkali tolerance of the patient.

Other changes noted are a drop in the excretion of urea nitrogen and a rise in that of NH₃ nitrogen. The purines are excreted in greater amount as starvation proceeds. Sometimes the fat content of the blood is increased, due to the mobilization of the fats. Blood sugar drops early and then becomes constant; as all available glycogen is used up early, this would indicate that it must be essential in some degree to life and must be produced from proteins under these circumstances. Oddly enough

although glycogen, the carbohydrate stored in muscles, is largely extracted from the skeletal muscles in starvation, the glycogen content of heart muscle, the most essential organ, is not reduced.

To the patient himself there is an initial hunger, which may be accompanied by gastro-intestinal contractions, usually known as "hunger-pains". After a few days, in those cases where complete fasting is observed, this sense of hunger is said to be diminished or to disappear entirely and to be followed by a pleasant sense of mental clarity and exaltation. As these observations come from certain religious or food-fad enthusiasts rather than from shipwrecked mariners, one reserves judgment on the basic soundness of this assertion.

It has been well demonstrated, however, that there is a distinct drop in basal metabolism as starvation proceeds. An individual receiving less than half of his daily caloric requirement of, say, 3,000 calories, soon becomes tired and listless and quite incapable of sustained and, finally, any effort. The Huns were well aware that a starved individual, or race, quickly loses initiative, ambition and courage. Obviously there was method in their studied slow starvation of the subjugated peoples under their heel. Slave workers received enough to let them do routine work but not enough to make them unduly restive and insubordinate.

The fact that young people have a higher metabolic requirement than old people may explain why the young succumb more rapidly to starvation.

Where starvation goes on to more severe stages as in the case of unknown thousands practically starved to death by the Germans and the Japanese, various types of lesions occur. Severe skin and eye conditions, due to avitamnosis or other reason for lack of general resistance to disease, are common. Liver and kidney degeneration may occur. In one case wished on the writer some years ago wherein the patient, a food faddist, had fasted for a record period of over six weeks, autopsy finally revealed marked liver atrophy with multiple abscesses. Brain anemia gives rise



Starvation at Nordhausen

Some of the slave labourers of various nationalities, dead and dying, who were found by the United Nations armies when they reached the German concentration camp at Nordhausen. The extreme degree of emaciation from slow and brutal starvation is well shown by the poor unfortunate in the foreground.

to lassitude interspersed with periods of irritability and excitement coupled with hallucinations and delusions. Delirium may supervene and there may be giddiness and tinnitus. Insanity may occur.

Sajous, writing of the mass starvation in Poland and Russia following the German invasion in World War I, refers to the widespread "starvation oedema", also called "potato disease" and "salt hunger". The oedema was often limited to the lower limbs, but in most cases spread more to the whole body, frequently leading to a bursting of the skin. In these cases there was polyuria with an excess excretion of chlorides, magnesium, calcium, sulphur and phosphorus.

It is understandable why the medical officers of our units capturing these German concentration camps reported scores and hundreds of these hapless victims beyond help. Even with the most careful treatment, starting with intravenous glucose solutions and transfusions, the essential organs may have been so severely damaged that adequate regeneration could not take place. This would apply particularly to the liver, the kidneys and the brain.

Fuel Conservation in Hospitals

The Council on Hospital Planning and Plant Operation of the American Hospital Association has published a 62-page booklet on "Fuel Conservation in Hospital". This booklet deals with the purchase and control of combustion of coal, oil and gas. It deals also with steam production, its distribution and use.

Well illustrated with photographs and diagrams, this study discusses the procedures of hand-firing, the relative merits of different types of mechanical stokers, and some of the problems of oil and gas firing. Instrument control methods are reviewed, with emphasis upon procedures to effect economy. Steam is given special consideration. The use and control of hot water and steam in laundry and kitchen and for sterilization, are reviewed.

Dr. Frank R. Bradley, superintendent of Barnes Hospital, St. Louis, is the chairman of the Council, and much of the material was prepared by Dr. W. P. Morrill, Director of Research of the American Hospital Association. This work has been issued as Bulletin No. 225 and is being sent to member hospitals of the Association.

A Litany of Intercession

ON THE DAY OF VICTORY

Almighty God, who hast taught us to make supplications, prayers, and intercessions for all men, we pray this day for all those who are hungry and without bread; for those made homeless by war's desolation; for separated families; for all the bereaved; for orphaned children and for all who have suffered in any way under the scourge of war,

We beseech Thee to hear us, good Lord.

For the men and women of our armed forces at home and throughout the world; for the sick and wounded in the hospitals; for doctors, nurses and all who minister to the sick and suffering; and for those who are prisoners of war,

We beseech Thee to hear us, good Lord.

For our beloved nation and those whom we have placed in authority; for our homes that they may be Christian; for our schools and the teachers of our children; and for all institutions and organizations that serve our country's welfare,

We beseech Thee to hear us, good Lord.

For the church of Jesus Christ our Lord throughout the world; for ministers who serve in His name; for missionaries at home and abroad; for chaplains in the armed forces; for those who have suffered for their Christian faith,

We beseech Thee to hear us, good Lord.

For the uprooting of all causes of war; for the ending of prejudices of race and nation; for the confounding of those who delight in war and the strengthening of all peace makers,

Hear us and use us, good Lord.

For the triumph of justice in every human relationship; for the liberation of the oppressed and for the lasting freedom of all Thy children,

Hear us and use us, good Lord.

For the coming of that day when all men shall know the Lord and the kingdom of this world shall become the kingdom of Jesus Christ; for the coming of the time when nation shall not lift up sword against nation nor learn war any more,

Hear us and use us, good Lord.

O merciful Father, we beseech Thee to send forth Thy Spirit into Thy world, that all leaders of men everywhere, the rulers and spokesmen of the nations, may be instructed in the ways of peace, kept free from pride and evil ambitions, and so guided in all their doings that they may make Thy ways known upon the earth, Thy saving health among all nations; through Jesus Christ our Lord. Amen.



Red Cross Blood Transfusion Service Available to Australian Hospitals

Excerpted from an article in THE AUSTRALIAN HOSPITAL (Feb. 1945) by Major R. J. Walsh, Secretary, N.S.W. Red Cross Transfusion Committee. The possibility of some such arrangement in Canada is now under serious consideration.

THE New South Wales Red Cross Blood Transfusion Service supplies blood and serum to public hospitals and medical practitioners throughout the State.

Blood is collected from voluntary and public-spirited blood donors, but the organization and maintenance of the Transfusion Service has entailed a great deal of work and expense. Some details will be set out in order that medical practitioners and hospital staffs may co-operate in making the service beneficial to patients.

Supply and Use of Blood

Blood is stored at the Bleeding Centre at Sydney Hospital and is available for distribution during the twenty-four hours of the day. Group O and Group A blood is always available for immediate use, but Group B and Group AB blood is not kept in storage. When the use of Group B or Group AB blood is indicated for special cases such blood will be collected at the convenience of the Transfusion Service. Sufficient evidence has now been obtained to justify the statement that for acute and urgent cases Group O blood may be used without hesitation, as the dangers are negligible. It is the opinion of the Transfusion Service, however, that when the transfusion is not urgent, blood of the patient's group should be collected and used.

Blood is supplied primarily so that patients requiring transfusion urgently may receive it with the mini-

mum of delay. It is also supplied for less urgent transfusions when relatives and friends of the patient are not available or compatible. These latter, however, should be used as donors if possible.

Personal application by the Medical Officer must be made, preferably by telephone to the Transfusion Service. If during the night no answer is received, the switch attendant at Sydney Hospital will receive any requests and will inform the Transfusion Service as soon as possible. Blood is delivered in the metropolitan area by a special transport service maintained by the Red Cross Society, and is forwarded to the country by the first available plane, or where this is not possible, by train.

A minimum quantity of 1,000 c.c.'s including 240 c.c.'s of anti-coagulant solution is supplied. The blood of two donors is collected into each flask. The group of each donor is carefully checked with typing serum of high agglutinin titre and cross-matching and haemolysis tests are performed using the serum and cells of each donor. A serological test is also performed on the serum of each donor. To enable a cross-matching test to be made against the serum of the recipient, samples of each donor's cells in sodium citrate-glucose solution are provided in small tubes attached to the flask. Whilst the greatest care is taken in all tests by the Transfusion Service, it is necessary to point out that the legal responsibility for mistakes in grouping rests with the person actually giving the blood, and that the Transfusion Service strongly advise the performance of a direct cross-matching test against the serum of the recipient.

The anti-coagulant solution consists of 200 c.c.'s of 3 per cent di-

hydric sodium citrate solution and 40 c.c.'s of 15 per cent glucose solution. During auto-claving the glucose solution is contained in a large test tube in order to prevent caramelization of the solution. The presence of this test tube does not interfere with the giving of the blood, and the blood contained in the tube itself may be allowed to run into the patient without fear of air embolism.

It is not permissible and is contrary to the rules of acceptance of blood that a hospital should store blood obtained from the Red Cross Blood Transfusion Service. Owing to the limited life-time of stored blood, wastage will result if such a practice occurs. The practice of obtaining blood in case it might be required for a particular patient is also to be strongly discouraged. It is realized that occasionally blood may not be used after it has been received by the hospital, but it is expected that such a bottle will be returned to the Transfusion Service within twenty-four hours. Retention of the blood at the hospital is not justifiable under any circumstances.

The Supply and Use of Serum

Serum is made available to public hospitals and private medical practitioners throughout New South Wales. Large public hospitals are permitted to maintain a small stock to meet emergency requirements. Acceptance of serum implies strict compliance with the following conditions:

(a) It shall be used only for the treatment of shock, burns and haemorrhage as set out below. The officer in charge of the Transfusion Service should be informed and consulted if it is desired to use serum for purposes other than as laid down.

(b) A complete clinical report must be forwarded with the empty

bottle to the Red Cross Blood Transfusion Service, Sydney Hospital, as soon as possible after the use of the serum. These reports should include brief clinical notes, frequent blood pressure estimations, pulse rates and temperature records, any reactions noted and the end-result. The majority of records to date are totally inadequate and many lack even a single blood pressure record. Frequent blood pressure determinations are essential if therapy is to be adequately controlled, and a complete clinical report is but a small return for the gratuitous supply of an expensive and valuable therapeutic substance. Appropriate forms for clinical reports are obtainable on application. The forms were designed to enable a surgeon to obtain at a glance all relevant information concerning a shocked patient. If used as intended, they will fulfil this purpose.

(c) The Red Cross Society will arrange for the forwarding of serum to country hospitals and will pay the necessary freight. Hospitals in the metropolitan area must collect supplies of serum from the Red Cross Blood Transfusion Service at Sydney Hospital. Supplies of serum will not be forwarded by special transport. The responsibility for the return of empty flasks and clinical reports also rests with the hospitals. Replacements are not made until such return.

(d) Stocks of serum must be stored in a refrigerator to minimize deterioration. Constancy of temperature is of more importance than the actual temperature. Serum must not be frozen. A temperature range of 2-6° C. (36-43° F.) is desirable. Ordinary laboratory, kitchen or ward refrigerators are usually suitable, but a constant check should be made on the temperature of the cabinet.

There has been a tendency on the part of some hospitals to use serum indiscriminately and sometimes for obviously hopeless cases without due consideration of its value. It is not justifiable or permissible to use serum for cases where blood would be more appropriately used. The treatment of haemorrhage calls for the use of blood, and whilst serum may be used as a temporary measure pending the arrival of blood, its continued use in lieu of blood is never justifiable or permissible. Serum is

far more expensive and valuable than blood, and its greater convenience does not allow its use as a substitute. It is requested that the use of serum in the hospital be controlled by the medical superintendent or his deputy, who should see all cases personally. Unless it is desired to administer one litre of serum, it is not justifiable to open a bottle. Partially used bottles should be immediately resealed, placed in a refrigerator and returned to the Blood Transfusion Service, Sydney Hospital, within twenty-four hours. If a longer interval is allowed to elapse, the serum cannot be reprocessed and must be discarded.

In the course of time all serum develops a precipitate which on suspension will produce turbidity of the serum. Experience in the Middle East and in the south-west Pacific area has shown that turbid and precipitated serum is not toxic, may be given with absolute safety to any patient (provided a filter is incorporated in the giving set) and produces exactly the same beneficial therapeutic effects as crystal clear serum. Precipitation or turbidity of liquid serum is, therefore, not a reason for rejection. If doubt arises concerning any particular bottle, that bottle should not be discarded, but should be returned to the Red Cross Blood Transfusion Service, Sydney Hospital. Cracked bottles and leak-

ing bottles should be similarly returned for reprocessing.

When freshly prepared, liquid pooled human serum is a brownish-yellow translucent fluid. Stored serum is often green. This change of colour is due to oxidation of the pigments and the greenish tinge to the presence of biliverdin. Such serum is non-toxic, can be given with safety and should not be discarded.

Instructions to Hospitals

If the state of any patient gives rise to anxiety after a transfusion and it is felt that the condition can reasonably be ascribed to some effect of the transfusion, it is requested that the incident be immediately reported to the Red Cross Transfusion Service.

The conditions which it is particularly desired to investigate are haemolytic reactions and reactions due to deterioration or contamination, of the blood or blood derivatives used for transfusion. Although these reactions produce very variable clinical pictures, it is suggested that the occurrence of any of the following symptoms or signs following transfusion should be notified: sudden grave collapse, acute severe backache, haemoglobinuria or jaundice, anuria or marked oliguria, urticaria. Rigors and febrile re-

(Continued on page 68)



The Chapel at the beautiful King George V Memorial Hospital at Sydney, New South Wales.

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Proposed New Hospital for Sick Children, Toronto

The architect's drawing shows the proposed new building to be constructed on University Avenue adjacent to the Toronto General Hospital. There will be accommodation for some 600 patients in the central portion of the building shown above. The administration will occupy the lower floors. Ample accommodation is being provided for the teaching of medical and other students. The lower wing on the right will be the new nurses' residence and the comparable wing to the north, on the left of the illustration, will be the outpatient department with accommodation above for interns and some of the personnel. Both of these lateral wings are to be constructed so that they can be readily converted to patient accommodation, should this be necessary in the future. Plans by Govan, Ferguson and Lindsay, Architects.

A cost of \$6,000,000 has been quoted in the press, but it is understood that this is an absolute minimum and may well be exceeded in the light of the facilities to be provided. This hospital draws approximately one-third of its patients from other parts of the province, and most of these patients are problem or seriously-ill cases. In addition many patients are sent from other parts of Canada and the United States.

Pre-Payment Surgical Plan Approved

A PRE-PAYMENT plan of surgical care was approved by the Council of the Ontario Medical Association at its annual meeting last month. A charter will be sought for a subsidiary corporation to operate the plan.

The proposal is that the plan would cover a range of services in hospital and at the office and home. Benefits will include confinements, including pre-natal and post-natal care, services of an anaesthetist when required, diagnostic x-rays up to a limit of \$25.00 per person per year, cystoscopic examinations for diagnosis, treatment of fractures and dislocations and surgical services—

cutting and operative procedures—the services of an assistant also will be paid for.

The services in home and office are the same, except that the surgical services are limited to cutting procedures only, that is to say the lancing of a boil, tonsillectomy, circumcision, etc., but would not include operative procedures, which are interpreted as surgical procedures taking place in the operating room of a hospital, with the subscriber and/or dependent confined as a bed patient for actual treatment for a period of at least twenty-four hours. The hospital care of burns, bruises, lacerations, sprains and contusions is in-

cluded, but not the care of these conditions at the home or office.

A waiting period of ten months is required for confinements and routine pre-natal and post-natal care, for the removal of tonsils and/or adenoids and for the services for any operative procedure relative to a hernia, retroversion, cystocele, retrocele and repair of the cervix.

Services covered by the Workmen's Compensation Act, Public Health Act, Venereal Diseases Act or by other public body or agency, plastic operations for cosmetic purposes, drugs, appliances or materials, hospital, dental or nursing services, ambulance service and mileage excluded.

Single: \$1.00 per month. Family: \$2.25 per month (including spouse and children under 16).

Hospitals as War Memorials

By G. H. A.

ALREADY in these columns (January, 1945), mention has been made of the desirability of erecting hospitals or hospital additions as war memorials. Much has been written of recreation centres, athletic stadia, community centres, etc., as war memorials but practically nothing has been stated in the public press of the value of enlarging hospital facilities.

In Great Britain there has been set up a War Memorials Advisory Council, made up of a number of distinguished individuals and representatives of a large number of societies. This body acts as a clearing house of general information for the guidance of local committees. In developing its principles this body has urged that "We should commemorate in our war memorials the spirit in which we went to war, the unity of purpose and action which the war has brought about, and the spirit in which we have fought and our sons and daughters have given their lives . . . There is a feeling that in honouring the dead we can perhaps do something for those for whom they died."

The Council has expressed the hope that "re-creation" (note, not re-creation in the limited sense) will be the "key-word".

Hospitals and Health Organizations

On the subject of hospitals and health organizations the Council has stated:

"In the proposed national medical service the voluntary hospitals, to which thousands of Servicemen owe their restoration to health and happiness, will continue to have an honoured place. No memorial could in principle be more appropriate than the development of hospitals, convalescent homes, rest centres and child welfare clinics, for human suffering cruelly increased by war is, by such institutions, nobly lessened."

The Council expressed the view that something might be done in the

way of added hospital facilities for the Servicemen with long-term impairment of physical or mental health. The group had in mind not the usual care provided veterans by the government but "small institutions where the initial capital outlay having been met from war memorial funds, their pensions would secure for invalid Servicemen a higher standard of comfort and of readily available medical attention than in their scattered individual homes." It is questionable if this last suggestion would be very necessary in Canada in view of present plans for the care of veterans.

The debate on this subject in the House of Lords was illuminating. Admiral of the Fleet Lord Chatfield, the president of the Council, spoke of the desirability of doing something which would help the living, provided that the sense of duty to honour the fallen was in no way overlooked. In this regard he mentioned hospitals, convalescent homes, parks, gardens of memory, playgrounds and social centres. Lord Winston stated, "of course I feel, as indeed we all must, that the most worthy forms of memorial would be hospitals, as mentioned in the report—hospitals and homes, especially very fine homes for the men permanently disabled who will never be able to live without hospital care and attention for the rest of their lives." He warned against allowing memorials to be used as a means of raising money to carry out somebody's pet scheme or pet hobby.

Viscount Samuel warned against the temptation to seize the opportunity of carrying out in connection with a memorial some utilization project of improvement which would normally be put into effect in due course by some other authority or agency. This of course might bear upon some hospital project. The Lord Bishop of Chichester states that village halls, community centres and child welfare clinics were all most desirable in themselves, but to be deprecated as war memorials. As they should be

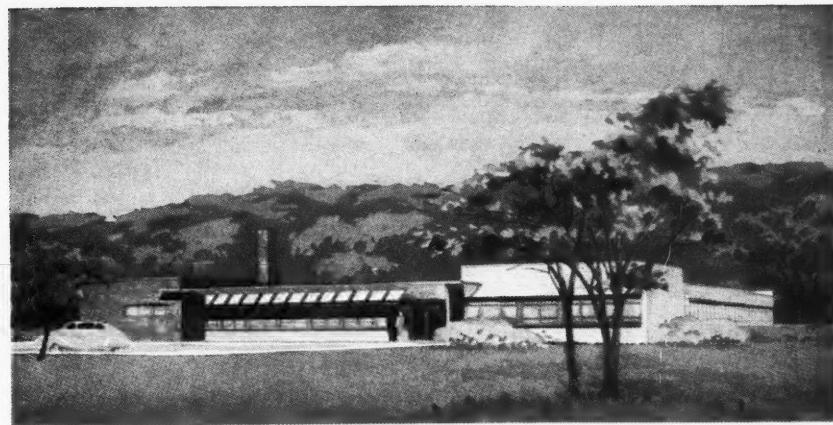
provided either by the local or national Government the suggestion was that a college might be founded to teach the love of beauty, with schools and workshops where needle-work and craftsmanship might be taught, and with a church or chapel as a centre of prayer. Lord Denham refers to a project already on foot in his own district to enlarge the hospital. The villages in the area decided that a very fitting memorial in which every village could take part and is now taking part, would be to provide something for the hospital, which has a waiting list of over 1,000.

On a number of speakers in the House of Lords who were not in favour of utilitarian memorial, *The Hospital*, stated, "it is important that the sacrifices of those who died should be honoured, and that a record of names should be closely associated with any memorial project. Beyond that, however, there should be great latitude, and it should be remembered that where it seems suitable and possible, in honouring the dead, to make life better, wider and more valuable for those who live after them, then that would be to do what they themselves, if alive, would wish to achieve."

Later Mr. Wilfrid Short, C.B., suggested in the press that real practical and enduring service to the nation would result if there could be developed "In Memoriam" hospitals, one in the North, one in the Midlands, one in the South and one in the West. Mr. Short states, "... surely, in view of the far-reaching and essential services which the hospitals could render, no one could demur at the expenditure of public money for a purpose so laudable and so enduring". It was his thought that these hospitals should be organized as models for other hospitals in the new health system and to act as important links in the fully co-ordinated scheme.

There are arguments that could be raised against the adoption of any utilitarian project as a war memorial, but the tendency in this country from opinions expressed so far would seem to be definitely in favour of types of memorial which would have some definite value to those for whom the fallen went to war.

(Concluded on page 84)

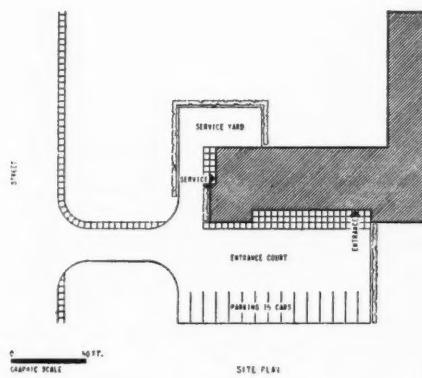


A Health Service Unit

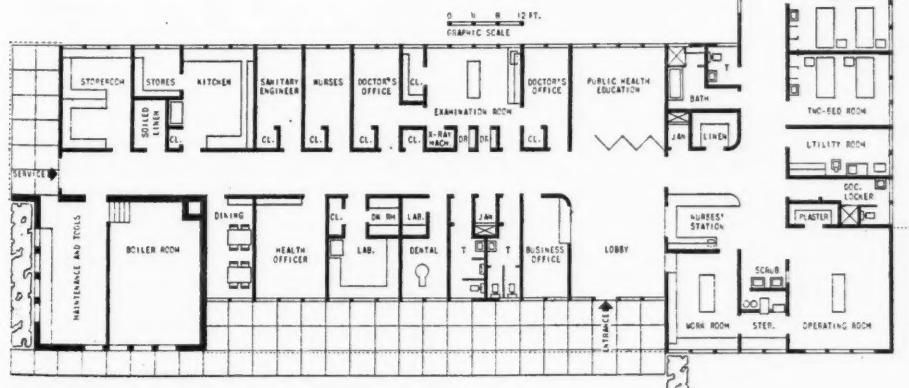
**Designed by the Hospital Facilities Section
U.S. Public Health Service.**

This centre has been designed for communities to support the usual type of hospital. This building would meet the public health requirements of the area, provides ten beds with operating room for inpatient and accident cases and a small isolation unit. Note the lecture and demonstration room for 30-40 persons. Local doctors may use the offices. It might be desirable to have a private room or two in the hospital section and a case-room for obstetrical cases. If there is a local hospital inpatient care could be eliminated.

Courtesy, "Hospitals" and U.S.P.H.S.



DESIGNED by the Hospital Facilities Section of the U. S. Public Health Service, this rural health center offers a dual purpose facility—primarily for public health uses, secondarily for both medical care and limited hospitalization.



Obiter Dicta

Rehabilitation in Civilian Hospitals

CIVILIAN hospitals in England and Wales are now using rehabilitation methods in the care of their patients to an extent never before achieved. This use of rehabilitation methods, including remedial exercises, outdoor games and handicrafts as well as physiotherapy, is to a large extent in response to an appeal of the Ministry of Health which now reports over 250 hospitals using these methods—nearly twice as many as a year ago.

The older methods of passive physiotherapy—heat, massage and electrotherapy—are now giving place to a large extent to more positive aids based upon active movements by the patients themselves. These, according to a report in *The Hospital**, include remedial exercises (both in bed and later in the gymnasium or in the open air) to strengthen and tone up the body generally and to restore function, organized games to promote freedom and spontaneity of movement, and occupational therapy to give regular and gentle exercise to particular groups of muscles and to serve as mental relaxation. Lectures, discussions, musical entertainments and books provide mental stimulus during the rest periods. Special attention is paid to the psychological and economic aspects of the problem. The patient's full confidence and co-operation need to be secured, his personal and domestic anxieties must be allayed and, above all, patients discharged must not be allowed to drift. Here the Ministry of Labour and National Service is of assistance in finding suitable employment at the end of convalescence or to arrange attendance at a vocational training centre. Some hospitals utilize a local hall for the expansion of their work; others have been supplied by the Ministry of Health with pre-fabricated huts for their remedial exercises and other activities. The Ministry also lends equipment for gymnastics, sports and occupational therapy.

The great majority of the four hundred hospitals covered in this government survey have appointed a member of the staff as a Rehabilitation Medical Officer. Many of these have attended special courses at rehabili-

tation centres. Lectures and demonstrations have been given on the application of rehabilitation methods to various types of disability and on the organization of the department. Other courses are provided for physiotherapists, handicraft teachers and others interested. In addition large firms near certain hospitals have established special workshops where disabled employees may be restored to their maximum working capacity.

This amazing development in the civilian hospitals of England and Wales should be a great stimulus to our hospitals here—and opens a further field of co-operation and assistance for our Departments of Health.



Canadian Construction Costs

A HELPFUL analysis of construction cost factors was given in a recent issue of *Engineering and Contract Record* by Mr. H. G. Cochrane, M.E.I.C. Factors of importance have included manpower shortage, scarce material, a shortage of suitable equipment, time lost in getting materials on the job and a heavy turnover of labour. Canada does not maintain an index of cost construction, but some idea may be obtained by using the composite price index of building materials as compiled by the Internal Trade Branch of the Dominion Bureau of Statistics together with the index of wages in the building trades as reported by the federal Department of Labour, weighing each according to the average proportion of labour and material used in construction. However, he points out, the index of building materials is based on the prices of lumber, shingles, cement and brick only, which are not very sensitive to fluctuation.

A survey of the cost of recent wartime construction is not reliable, as urgency has been a common feature and cost has been a secondary factor. Many buildings have been erected on a "cost-plus" basis.

The opinion of competent authorities in the United

States is that construction costs there will show little change during the balance of the war period and will remain at between 25 per cent and 45 per cent higher than pre-war (1941) costs. It is Mr. Cochrane's opinion that this point of view should hold for Canada also. Our material prices have been a little more tightly controlled in this country, but on the whole we are very much dependent on economic conditions in the United States. If they have inflation, we feel it; if they have a depression, so do we.

As for post-war possibilities, construction volume will increase considerably, there will be more manpower and material will be easier to get. The price index for construction materials has risen 44 per cent during the war and it must be borne in mind that the cost of these materials is itself more than two-thirds labour. Wage indices for loggers and miscellaneous factory trades have risen 53 per cent, for common factory labour it is up 49 per cent and for metal trades, 33 per cent. As salaries and distributed profits dropped from 10½ per cent in 1935 to less than 7 per cent in 1942, and as overhead and undistributed profits were lowered from almost 9 per cent in 1936 to an average of under 7 per cent for 1940-42, it is obvious that the extra price charged to-day is going largely into pay envelopes. It is Mr. Cochrane's opinion that Canadian construction costs will have a tendency to fall slightly in post-war years, but that those who are waiting to do their building later in hopes of a drastic post-war drop in costs are due for disappointment.

Participants have felt that at these conferences they can bring up apparently minor, but to them highly important, points which they would hesitate to bring up at the provincial convention. They can deal with vital local problems and can achieve unity of action not otherwise possible. Moreover each hospital can send to a local conference far more executives and key personnel than they could send to a distant meeting. To-day, with wage schedules and other problems very much to the fore, the conferences are more important than ever before. Experience to date would indicate that the success of these meetings and their future depend to a large degree upon the enthusiasm of those organizing the conferences and upon the extent to which the programme is developed on a practical basis.



Mob Frenzy

THE rioting in Nova Scotia on V-E Day and in New Waterford and elsewhere on succeeding days again reveals the startling rapidity with which mob psychology can craze a mass of people. Under emotional strain almost any group of people can be converted into a mob—a frenzied, irresponsible surge of automatons who follow hypnotically the suggestions of any crazed individual, provided those suggestions are destructive in nature. The nation has been fighting for the preservation of a sane civilization, yet these riots reveal how thin, in all too many people, is the veneer of civilization. It would seem as though we could not look too disdainfully at the heil-hitlering Nazis, the emotional Fascists, or the guillotine-crazed mobs of the French Revolution.

Whether the disgraceful rioting last month was due primarily to sailors and merchant marine or to local civilian hoodlums is for the courts of investigation to clarify. Obviously some of the riots in smaller centres were not due to men in the Armed Forces. Other parts of Canada are involved, for several rioters already convicted hailed from other provinces. It was unfortunate that these disturbances placed such a heavy burden upon the local hospitals already overcrowded and trying to maintain services over the holiday with a skeleton staff. It is to their credit that they handled the situation so well.

Liquor, apparently, was quite a factor and would seem to have had much to do with the millions of dollars of property damage and possibly with certain deaths. A suspicion of murder attaches to one case. Yet not all those wantonly destroying property or stealing loot were drunk. Real or fancied grievances against the tradespeople were probably but shallow excuses for actions for which there could be no defence. One wonders if much of the responsibility for this disrespect for law and order, and for the property rights of others, cannot be laid at the doors of those demagogues and writers who constantly try to sow the seeds of discontent and distrust, who incite man to class strife and delight in setting one group against another.



Regional Conferences

MUCH enthusiasm was aroused by the recent regional conference of hospital executives held in Chatham, Ontario, for the benefit of hospitals in Western Ontario. Steps have been taken to make this a permanent setup and now hospitals in the Niagara-Hamilton-Brantford-Barrie-Collingwood area are planning a regional conference in the near future. Hospitals in other parts of the province are showing considerable interest in these developments and five or six regional conferences are being formed.

These conferences have long demonstrated their value to the hospitals participating. In British Columbia, where distances are great and travel sometimes prolonged by the frequent necessity to combine rail and water transportation, the regional conferences set up a few years ago proved most helpful in bringing to a larger number of individuals the benefits of group discussion. Conferences were set up a few years ago in Saskatchewan, but these seem to have lapsed in recent years. The hospitals of Cape Breton have met together on occasion and, not long ago, a conference was held in Northern New Brunswick. Of course the oldest regional conference is the Montreal Hospital Council, a well-organized and highly efficient body. This was followed some years later by the one in Edmonton and the Council in Toronto.

Hospital Administration Course

Sponsored by University of Alberta

By ELIZABETH B. ROGERS,
Alberta Association of Registered
Nurses

DURING each of the past two years one of Alberta's projects has been a short course for nurse administrators of small hospitals, sponsored by the School of Nursing, Faculty of Medicine, University of Alberta and at the request of the Alberta Association of Registered Nurses. The course completed on March 31st, 1945, covered a period of two months.

The administration of the course

was in the hands of a group which included the Director of the School of Nursing at the University of Alberta, the registrar and representatives from the Alberta Association of Registered Nurses. The advisor was Dr. A. C. McGugan, medical superintendent of the University of Alberta Hospital.

The basic plan of the courses was one of general assistance to the administrators in carrying out their

many duties of business manager, purchaser of supplies, director and supervisor of nursing, operating room, case room, X-ray, laboratory and dispensary, dietitian, housekeeper, personnel manager and guide.

Outline of Course

Courses were offered in the following:

1. Hospital and Public Relations
2. Legal aspects
3. Purchasing
4. Hospital accounting
5. Hospital supplies
6. Records—library, general
7. Conferences and lectures on problems of small hospitals
8. Relation of hospitals, public health and preventive medicine
9. Food service and nutrition
10. Hospital housekeeping
11. Burial preparation and requirements
12. Operating room
13. Laboratory procedures
14. Newer nursing procedures
15. Newer drugs
16. X-ray and dark room
17. Allergies
18. Eye care
19. Obstetrics
20. Paediatrics
21. Communicable diseases

Special lectures were included on public health, sanitation, the Kenny treatment, diseases in Alberta, applied psychology, district economics and tropical diseases.

Among the lecturers were leading members of the medical profession interested in the problems and difficulties of the rural hospital. Also taking part were members of the University Faculty and of the Public Health Department responsible for the supervision and inspection of small hospitals in Alberta, instructors and ward supervisors from schools of nursing and hospital personnel, including dietitians, x-ray technicians, record librarian, purchasing agents, business managers and engineers.

An interesting feature of the course was the number of field trips made by the students. These included a two-day visit to the Provincial Mental Hospital at Ponoka, a visit to a small (hotel) laundry, a trip to the American Military Field Hospital and visits to the various departments of the four schools of nursing in Edmonton.



Seated, left to right: Miss Pauline Carter, Municipal Hospital, Didsbury; Miss Ada M. Chilvers, Mission Hospitals, Thistletown, Ont.; Mrs. Dorothy I. Thomas, Calgary; Miss Madeline L. McCulla (organizer and lecturer), Acting Director, School of Nursing, University of Alberta.

Standing, second row: Sister LeGras, Immaculata Hospital, Westlock; Sister Rose Francis, Immaculata Hospital, Westlock; Mrs. Florence Finlay, missionary from Nigeria, Africa; Miss Isobel Lamont, Edmonton.

Third row: Miss Margaret Cawsey, Municipal Hospital, Taber; Mrs. Leola Edwards, Municipal Hospital, Stettler and Miss Mary MacDonald, General Hospital, Weyburn, Sask.

Hospital Administration Award

In Honour of Dr. MacEachern

At a National Hospital Day celebration in the auditorium of the American College of Surgeons in Chicago on Saturday evening, May 12th, Dr. Franklyn B. Snyder, President of Northwestern University, officially accepted on behalf of the Programme in Hospital Administration a five-year grant of \$75,000, including scholarships, from the Johnson and Johnson Research Foundation, to supplement \$15,000 granted two years ago. He also announced the establishment by the same organization of an annual award consisting of a silver medal and an honorarium of \$250 to be known as the Malcolm T. MacEachern Award in honour of the director of the courses. President Snyder also announced renewal of scholarship grants by the American Hospital Supply Corporation.

The Malcolm T. MacEachern award will go to the student who has completed with the highest standing



Successful student will receive silver Malcolm T. MacEachern Medal and \$250.00 honorarium.

the programme leading to the degree of Bachelor of Science in Hospital Administration or Master of Hospital Administration and who, in the judgment of the faculty, shows unusual promise of achievement in the profession of hospital administration.

The Programme in Hospital Ad-

ministration was started in September 1943, and to date 113 students coming from 17 different states have enrolled in one or more of the nine new courses offered, in addition to taking background courses in the other departments of the University. The list of prospective students includes many men and women now serving with the Armed Forces.

An advisory committee, board of consultants, and faculty consisting of well known authorities in the hospital field, including officials of the American Hospital Association and the American College of Hospital Administrators, help to shape the policies of the school, conduct the courses and demonstrations, and supervise the internships required before conferring of degrees.

The National Hospital Day celebration at which the grants and awards were announced was held with the co-operation of the Chicago Hospital Council and other medical, hospital, and nursing organizations, and included citations to volunteer workers by the Council, and induction of representatives of 33 nursing schools in the Chicago area into the United States Cadet Nurse Corps.

Catholic Hospital Association

to Repeat Institutes

The Institutes on Hospital Administration conducted under the co-operative auspices of the Catholic Hospital Association and St. Louis University last year and on previous occasions will be repeated again this year.

The basic course will be held from June 18th to July 14th and will deal largely with the principles of hospital administration. This will be known as Course Ha 105. It will be followed by a problems course (Ha 106) from July 16th to August 11th. Concurrently with that will run a course on research (Ha 107). A fourth course, an institute on financial administration, will run from July 16th to 29th.

Last year 50 students enrolled in the basic course, 22 in the problems course and 8 in research.

The course in research in hospital administration presupposes attendance at other courses in previous years. This course, better than the others, tests the resourcefulness of the sister student. She is expected to identify, to formulate, to investigate, to solve and to present problems for administrative attention. To this end she is assigned to a division of a hospital and is expected first of all to conduct a survey. Through this survey she is led to see to what extent and how the particular department or division in which she is interested can be more completely integrated into the institution.

The Association has sponsored these Institutes for several years, although it has felt that an education in administration through these institutes alone is not a sufficient prepara-

tion for the duties of the sister hospital administrator. Actually the Association favours the development of a four-year programme in hospital administration leading to the bachelor's degree in this field, a subsequent internship in administration of at least one year, and finally a master's degree in one of the branches of administration.

Urge Punishment of Inhuman Nazi Doctors

France has served notice of her intention to demand the trial, as war criminals, of German doctors who are guilty of vivisection and other inhuman practices against captured foreigners and war prisoners.

Colonel Paul Chauveau, chairman of the war criminal section of the French Government, said that his government also thought that German scientists responsible for the development of the flying bomb and rocket shells should be placed on the war criminal list along with other perpetrators of German crime.

With the Hospitals in Britain

By "LONDONER"



C. E. A. Bedwell

Dear Mr. Editor:
Perhaps it will not be amiss if, for once, I depart from my usual form of letter and instead of confining myself to one subject endeavor to give one or two odds and ends of news. They will be gathered somewhat hap-hazard, as is perhaps inevitable and is certainly natural under present conditions.

Sir Lawrence Brock

At the end of March Sir Lawrence Brock is retiring from the chairmanship of the Board of Control which is the body concerned with the oversight of the mental hospitals throughout the country.

When the voluntary hospitals were in difficult financial circumstances after the War of 1914 to 1918, Mr. (as he then was) Brock acted as the secretary of the Commission, which has always been known by the name of its chairman, Lord Cave. In that capacity he obtained a wide knowledge of their difficulties and in no small measure contributed to their alleviation.

Sir Lawrence in more recent years, in addition to his official duties, has taken an active interest in the work of the Civil Service Nursing Aid Association which was formed to provide an insurance basis upon which civil servants could obtain hospital treatment and specialist services.

His successor as Chairman of the Board of Control is Mr. Percy Barter, who has had a similar career at the Ministry of Health and is already familiar with the work of mental hospitals, as he was secretary of the Royal Commission on Lunacy, 1924-26.

Dear Mr. Editor:

The Parliamentary Counsel's office is well known for the excellence of its work, so that rarely is there a slip in an act of Parliament. But one has been found in the Nurses Act passed in 1943 and that seems to have been due to an omission in the instructions to the draftsman. Part ii dealt with the organizations generally known as nurses' co-operatives, which exist to supply nurses for private nursing for people able to afford to have them in their homes. It was found that the wording was wide enough to include the associations of district nurses, which do a similar work for the poor. The introduction of the amending measure gave Miss Florence Horsburgh, the Parliamentary Secretary to the Ministry of Health, an opportunity to pay a tribute to their work, which was endorsed by the whole House. She described the district nurses as "real friends of the people of this country. They are welcomed into their homes as they go from one to another. We all know that neither bombs, nor storms, nor rain, nor floods nor anything else will keep the district nurse from reaching the home of her patient."

Canadian Hospital Council Biennial Meeting

Royal Connaught Hotel,

Hamilton

September 19-21

Three days of intensive discussion of topics vital to the welfare of hospitals and their patients. Free and panel discussion will characterize this conference of hospital and governmental representatives.

All hospital people are WELCOME at these sessions.

Sir William Collins

The subject of district nurses naturally brings to mind Sir William Collins, whose interest in their work was stimulated by Florence Nightingale. He is one of the grand old men of the medical profession and has taken an active part in public affairs, which is very rare among them. He has just relinquished his chairmanship of the Central Council for District Nursing in order to become its President. He has been Chairman of the London County Council and a host more of public bodies. Although he has passed the four score years he retains a mental alertness which is the envy of many of his juniors.

War Strain

Boots, the chemists, are one of the best known firms in this country. Whatever may be one's views on the subject of patent medicines it must be admitted that their establishments purvey many articles which are really essential and others which add a great deal to the conveniences of life. Naturally with the very considerable development of first-aid requirements there has been a considerable demand above the normal and a consequent strain on the diminished staffs in the shops. Accordingly in recognition of this fact the directors have granted an extra week's holiday with pay to them, and about nine thousand will benefit by the concession.

A New Council

Lord Bennett the other day in my hearing criticized the way in which in this country we multiply organizations with very similar aims. In more than one department of life there is good foundation for the criticism and by degrees some of us

(Continued on page 82)

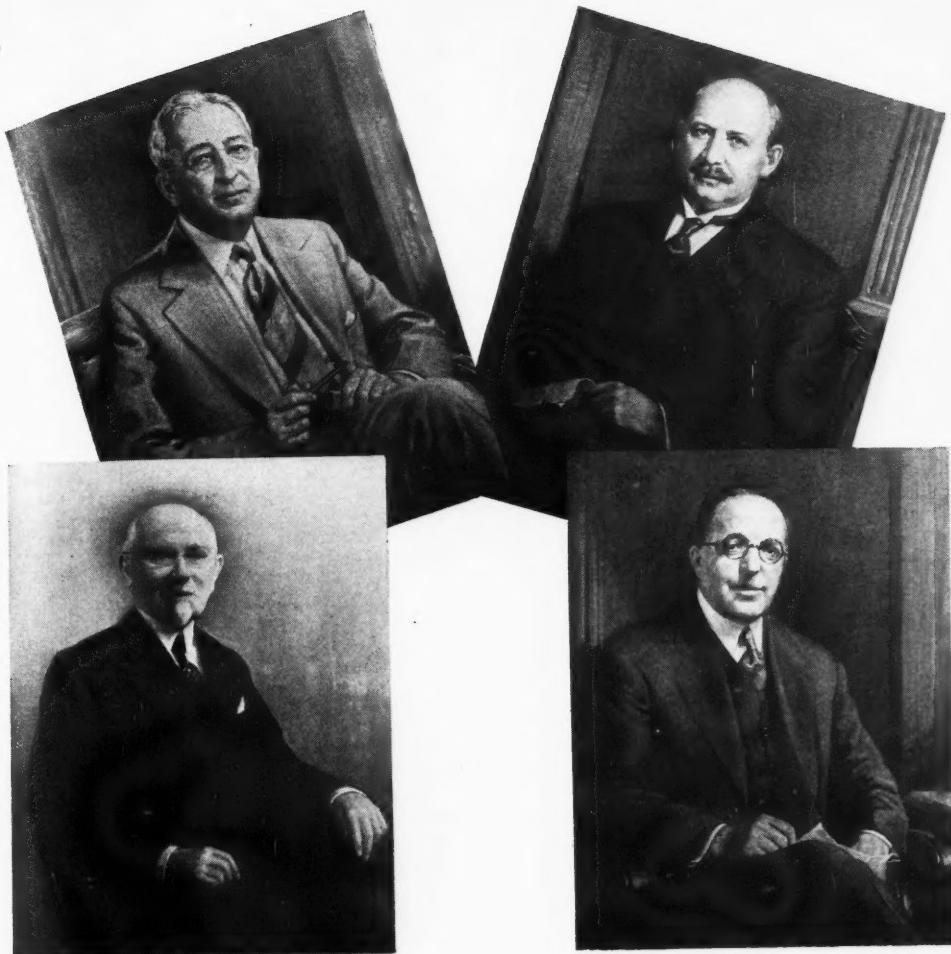
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Four Benefactors Honoured

At a pleasing ceremony on May 11th the portraits of four benefactors of the Toronto Western Hospital were unveiled by His Honour the Lieutenant-Governor of Ontario. These four former governors of the Toronto Western Hospital had done a great deal to make possible the very fine institution which now serves the people of that city. Speaking of them, Mr. F. J. Coombs, chairman of the Board, stated that the hospital was "especially indebted to the four men whose leadership and wisdom, as well as whose wealth, have contributed so conspicuously to the ever-enlarging scope of service which the hospital has been able to provide to the sick and suffering of a great city".

Mr. David Fasken, K.C., who had served as honorary president for 21 years, had seen the hospital through many of its early difficulties and had helped materially with his generous contributions. His young brother, Alex. Fasken, K.C., assumed the mantle of his older brother in 1928

and was president of the Board until his tragic death last year. He too carried on the Fasken tradition of leadership and generosity. The towering peak of the Private Patients' Pavilion will be a perpetual reminder of a man whose vision was always pointed upward and forward. (This Pavilion is the tallest hospital structure in the British Empire.).

Mr. E. R. Wood was first vice-president from 1926 until 1941. His original interests were with the old Grace Hospital, formerly the Homeopathic Hospital, of which he was chairman. This hospital was amalgamated with the Toronto Western in 1926.

Mr. T. P. Loblaw served on the Board from 1926 until his death in 1933. Deeply interested in hospitals as well as in boys' work, Mr. Loblaw had donated the unique hospital at Alliston and provided the munificent donation which formed the nucleus of the funds required for the modern Private Patients' Pavilion.

Here and There

By the Editor

Baxter Prints Donated

WHAT is said to be the finest collection of Baxter prints in the country was presented recently to Victoria University, Toronto, by Mrs. F. N. G. Starr, whose husband was long one of Toronto's leading surgeons and was widely known throughout Canada. This collection, made over a long period of years by Dr. and Mrs. Starr, contains nearly 700 prints and is valued at over \$15,000.

Many of these prints are quite rare. Done in the middle decades of the last century (George Baxter died in 1867), these prints represented a long step forward in the evolution of colour prints. The earlier ones were done on wood and many of the later ones on metal. Baxter prints are characterized by a delicacy of colouring and of detail which have seldom been equalled since; many of them required ten, twelve or more separate blocks. Not only have they a rare charm to-day in this age of hurried mechanical production and of lost technical skill, but they covered a wide range of subjects of enduring interest, such as the coronation of Queen Victoria and other scenes of splendor and pomp, and numerous religious subjects. Some of the small portraits and scenes are veritable gems in miniature technique.

On the occasion of receiving the gift, which has been housed in the Library of Emmanuel College, the University invited a large number of distinguished guests, including many of Professor Starr's old "boys" to view the prints and hear Mrs. Starr herself speak on the collection.

* * *

Congratulations

Congratulations are in order to three members of the medical profession who have served long and honourable terms as members of the House of Commons and who are now raised to the Senate. These are Dr. C. J. Veniot of Bathurst, Dr. J. P.

Howden of St. Boniface and Dr. F. W. Gershaw of Medicine Hat. Among the others whose names were included in the new list of senators may have been several who have served as trustees or in other capacity in the work of local hospitals, but of this we do not have present knowledge.

Another prominent medical member of Parliament who has received a high honour and responsibility is the Honourable Dr. J. J. McCann, member for Renfrew South, who succeeds the Honourable L. R. La Fleche as Minister of War Services.

* * *

Hon. Telephone

John Morris, in his recently published book, "Traveller from Tokyo", in which he describes his experiences in Japan from October, 1938 to July, 1942, gives an illuminating insight into the Japanese mentality when he writes about the telephone system.

It appears that the only way to obtain a telephone in Japan is to buy one, and what it costs depends largely on the exchange number, as the Japanese are extremely superstitious as far as numbers are concerned. Thus the increasing number 3579 is considered lucky. On the other hand, 1564 (*Nito-go-ro-shi*), which in another form is *Nitogo Roshi*, and means "Man gets murdered", is unpopular.

In conclusion, he tells the story of the hospital which could never get any patients because its telephone number 3784 (*Mi-na-ya-mu*), translated in ordinary language, became "Everybody becomes ill". — From "Hospital and Nursing Home Management."

* * *

Blessed are the Meek

The following clipping from a Montreal newspaper has been sent to us by a hospital superintendent in that city. He adds: "This story might apply to a few of our patients

and perhaps more of our visitors who will not be bound by regulations, even though such regulations are designed to facilitate the treatment and care of patients."

Some friends of ours, Caspar Milquetoasts who always do what they're told, go where they're sent and sit where they're placed, are walking around town these days in a positive glow of happiness. Once in a while, they know now, their infirmity pays off.

It happened that the other night they went to a downtown movie and followed a pert little usherette up and up and up and up, to the second-last row upstairs—a position from which the distant screen looked like a fairy tale, a dream, a mirage a hundred miles away. On the way up they passed a half-dozen rows of excellent empty seats, lightly roped off, but the usherette didn't say anything about them so the Milquetoasts didn't either. Instead they sat quietly in their balcony benches, and wished their eyes were better so they could see what was going on away down there on the screen. "Those empty seats . . . I suppose they were being kept for a special party . . ." Mrs. Milquetoast murmured once. "I suppose so . . . still, I've noticed several people ducking under that rope and sitting down," her husband answered. "Still . . ." they both said, ". . . the young lady told us to sit here . . ."

About half-way through the picture one usherette flashed her light casually over the house, waved agitatedly for another usherette, and the two of them stared in consternation at the once-empty seats, now filled with customers who weren't Caspar Milquetoasts and who knew their rights.

"My God!" said the first to the second, in a voice that rang through the house, "What are all those people doing sitting on those fresh-painted seats?"



Generous proportions and unique tailoring allow extra "nose room".

FIRST... it must protect

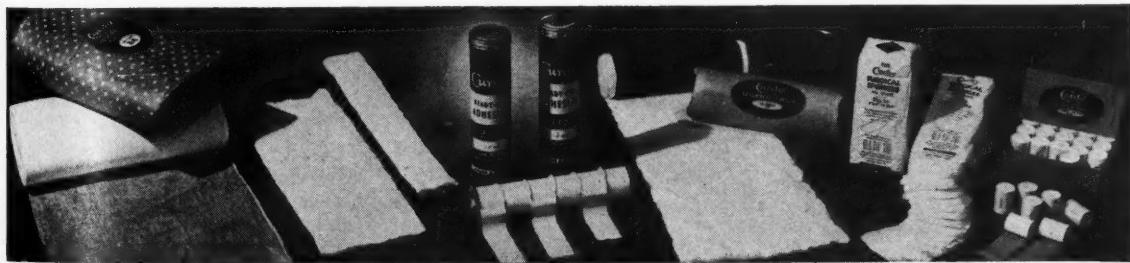
A surgeon wears a mask to protect his patient. He asks, first, that a surgical mask safely perform that task.

It is an unfortunate physical fact that cloth masks which are relatively comfortable are also proportionately worthless as protection. The thinness which allows easy breathing also allows relatively free passage of bacteria-laden droplets.

Curity Surgical Masks are designed to do first things first. The unusual fashioning of Curity Surgical Masks . . . the development of an entirely new filtering cloth . . . all are results of long, careful Bauer & Black research.

Comparative tests have shown, over and over again, that these research-established principles do protect . . . that Curity Surgical Masks effectively trap breath-borne bacteria.

Some day, Bauer & Black research may discover a new filtering material which will add greater comfort to the protective efficiency of Curity Surgical Masks. Meanwhile, the patients' safety will remain our first thought . . . as it is yours.



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RESEARCH TO IMPROVE TECHNIC...TO REDUCE COST

Curity
REG. IN CANADA

Fewer Sizes of Hypodermic Needles

HOSPITALS in this country will be interested in the proposal of the Committee on Purchasing, Simplification and Standardization of the American Hospital Association that there be adopted a simplified and standardized list of hypodermic needles. The A.H.A. trustees have approved this recommendation, as has also Dr. M. T. MacEachern on behalf of the American College of Surgeons. All affected manufacturers have also approved this simplification and have agreed to co-operate in the standardization programme.

Many Advantages

The great advantage of manufacturing and stocking but 22 instead of 50 to 100 needles will be apparent to all. In order to make this standard simplified list of hypodermic needles effective, every hospital must co-operate by buying only needles approved for the list. Unless hospital administrators, purchasing agents, department heads and staff physicians and surgeons limit their purchase and use of hypodermic needles to the 22 types approved there will be no lasting results from the simplification and standardization efforts.

A considerable group of large, small and teaching hospitals have proved beyond question that their need can be met by using only 10 to 15 kinds and sizes of needles. The committee is confident, therefore, that the 22 now approved provide an ample selective range to meet all needs. Reprints of this report will be given to all manufacturers for the use of their salesmen. A copy of the list is reproduced.

A display panel and reprints of the report will be sent for use at all state and sectional hospital meetings. Both the committee and the manufacturers have done their part; the rest is now up to the individual.

Chairman of the committee is Mr. E. W. Jones, vice-president of the Modern Hospital Publishing Company. Col. J. C. Mackenzie of the Montreal General Hospital and now at R.C.A.M.C. Headquarters at Ottawa, is also a member.

The American Hospital Association has made many contributions to the simplification of hospital supplies and equipment. This activity of the Council on Administrative Practice is carried on in co-operation with the manufacturers, the American Standards Association, the National Bureau of Standards and other similar agencies.

SIMPLIFIED LIST OF HYPODERMIC NEEDLES

*Recommended by the Committee on Purchasing,
Simplification and Standardization*

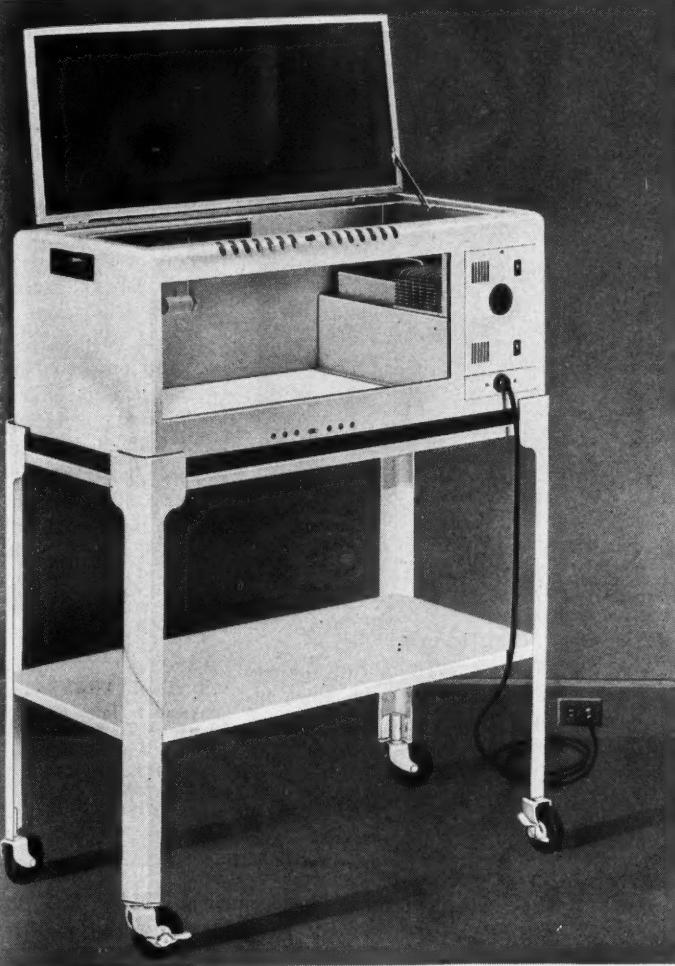
Item	Gauge and Length	Type	Some Uses
1	26 x $\frac{1}{2}$ " R.B.	Regular Luer	Intradermal hypodermic
2	25 x $\frac{5}{8}$ " R.B.	Regular Luer	Hypodermic and local anesthesia (raising wheal)
3	24 x $\frac{3}{4}$ " R.B.	Regular Luer	Intravenous (syringe) and varicose veins
4	22 x 1 $\frac{1}{2}$ " S.B.	Regular Luer	Intravenous (syringe) and fontanel
5	22 x 2"	Regular Luer	Anesthesia
6	22 x 3"	Regular Luer	Anesthesia
7	20 x 1 $\frac{1}{2}$ " S.B.	Regular Luer	Intravenous (gravity), intravenous anesthesia, intraperitoneal (saline, Meosalversan), Wasserman
8	20 x 2"	Regular Luer	Intramuscular
9	18 x 2" S.B.	Regular Luer	Hydrocele and phleboclysis aspirating and pneumothorax blood transfusion; intraperitoneal, intramuscular and jugular
10	19 x 3"	Regular Luer	Hemorrhoidal and hypodermoclysis
11	15 x 3 $\frac{1}{2}$ "	Regular Luer	Aspirating
12	20 x 4"	Regular Luer	Local anesthesia hemorrhoidal and intracardiac
13	20 x 6"	Regular Luer	Local anesthesia
14	20 x 3 $\frac{1}{2}$ "	Quincke Spinal with stylette	Sacral and spinal anesthesia
15	22 x 2"	Quincke Spinal with stylette	Children's spinal
16	22 x 3"	Pitkin Spinal with stylette	Spinal anesthesia
17	19 x 3 $\frac{1}{2}$ "	Spinal with stylette	Spinal diagnostic
18		Regular Curved tonsil	Tonsil
19		Regular Straight tonsil	Tonsil
20	15 x 2" S.B.	Hose hub needle	Phlebotomy and blood transfusion blood bank-donor
21	17 x 2" S.B.	Hose hub needle	Blood bank—recipient
22	18 x 2" S.B.	Hose hub needle	Blood bank—children

Women's Auxiliary Board on Cancer Urged

A National Medical Advisory Board made up of prominent Canadian women physicians from coast to coast, is part of the proposed programme of the recently formed Women's Advisory Council of the Canadian Society for the Control of Cancer. This new group is urging the co-operation of all organized women's groups across Canada in the fight to curb "one of America's greatest killers". An educational programme is now under way.

"National societies can open a tremendous field of education in the world by urging their provincial and local branches to support this important piece of work," stated Mrs. W. C. M. Kennedy of Toronto, the president of the Women's Advisory Council.

(C.S.A. Approval
No. 7107)



Announcing

the appointment of Ingram & Bell, Ltd. as exclusive distributor of the X-4 Portable Baby Incubator in Canada. They will carry adequate stock for prompt shipment.

The X-4 Portable Baby Incubator is Low in Cost, Simple to Operate and Safe. It is the ONLY Baby Incubator approved by both the Canadian Standards Association and Underwriters' Laboratories, Inc. for use with oxygen.

Write for descriptive bulletin and prices.

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Hospital Loses Appeal

Judgement of the Ontario Labour Relations Board, certifying the Building Service Employees International Union, Local 204, has been sustained by the National Wartime Labour Relations Board against the appeal of the Toronto General Hospital. The Hospital had appealed on the grounds that illegal tactics were used by labour organizers at the time the vote was taken.

Mr. H. Walker, business manager of the union, stated "negotiations will be started immediately with the hospital management, and the judgement will be the foundation for organizations by the union throughout the city of all building service employees in the hospitals. If the hospital abides by the decision and negotiates an agreement with us there will be no strike. Otherwise we will be forced to take action."

An Ingenious Folding Chair

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The Needs and Responsibilities of Student Dietitians

THE purpose of this study was to determine which subjects should be taught in the college course and which in the 5th year. Returns were received from 56 approved courses, of which 50 were in hospitals.

Nutrition

All expected the student to learn the standard of normal diet in college; 60 per cent included this also in the 5th year training, obviously believing in further practical training. "Adequate diet for various ages," and "metabolism calculation" received similar answers. One half the group expect the student to know racial group food habits, but two-thirds also include it in the practical course.

Principles underlying types of diets should be taught in college and continued in hospital training courses. Fifty per cent expect the

Condensed from an article by Grace M. Augustine in the "American Dietetic Association Journal", by Hospital Abstract Service.

student to know: adaptation of diets in consistency; constituents and amounts for various diseases; calculation of diabetic diets; and laboratory tests. Only 20 per cent expect a knowledge of case study methods. Hospital courses vary in the amount of training given in the above items but four directors prefer its inclusion entirely in the 5th year.

Teaching food standards belongs in the college curriculum, but 75 per cent wish additional training in the 5th year in the form of practical experience rather than further formal class work. Directors stress need that students have good food standards and habits as well as the ability to apply them in practical work.

Menu Planning

Directors of administrative courses were in favour of college training in all the items under the menu-planning section. Some thought it difficult to learn menu-planning for such special situations as racial and re-

ligious groups and geographical locations, except in the hospitals, as hospital food service differs so markedly from college food service. The dietitian must learn the foods peculiar to, and available in, the particular locality. Ability to plan menus appropriate to the number and abilities of employees and the length of the serving period requires a practical experience difficult to acquire except in the actual food unit.

The meaning of the use of cycle menus was so widely misinterpreted as to render the reports valueless on this item.

Quantity Cookery

The replies indicated that students should have had college training in this subject but the majority considered the college training inadequate and recommended its continuance in the 5th year. The real need is for experience in the actual situation rather than in a class laboratory.

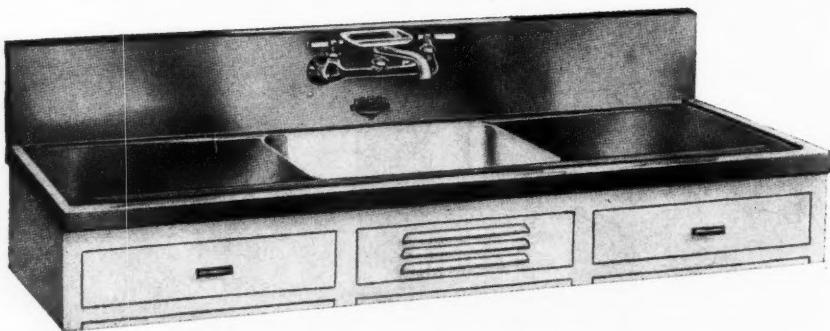
Food Purchasing and Storage

Two-thirds of the directors expect knowledge of organization of and purchase from wholesale markets,

(Concluded on page 56)



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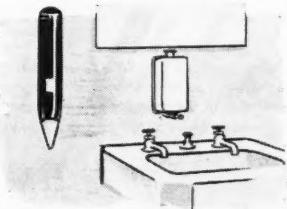


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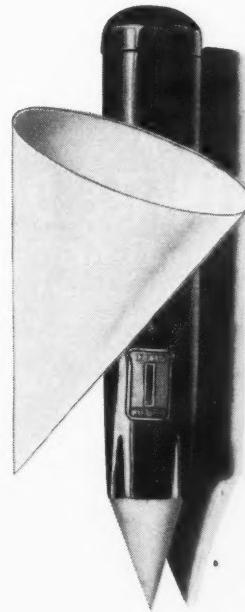
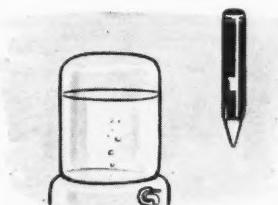
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but only one-half expect the student to be familiar with the organization of the store room, state and city regulations for storage of food, and the correct or ethical method of dealing with salesmen. There was much doubt as to the need of familiarity with federal specifications for any but the most commonly-used foods. Training should be both by formal instruction and supervised practice.

Equipment

Knowledge of the advantages and disadvantages of the materials used in fabricating equipment and utensils, and familiarity with the operation and maintenance of equipment are generally expected of the student when she enters her 5th year training.

Organization

Students entering the 5th year are expected to be familiar with the qualifications of a dietitian as set forth by the A.D.A. Nearly all expect the student to know how to make a job analysis and a large ma-

jority continue training in this in the 5th year. The majority expect the student to know how to make out work schedules but only 19 expect her to be able to revise them to meet temporary shortages of employees, and 51 include training in this item in the 5th year. Forty-two expect the student to know the method of making time studies but only half this number expect her to know the time allowances for specific preparation jobs.

Personnel Management

Four of the five directors of administrative courses expect students to obtain knowledge of personnel management in college but only half of the 5th year courses expect it. Returns indicate that study and training in this item have not kept pace with its increasing importance as one of the dietitian's duties.

Business Administration

Students are generally expected to know how to calculate menu and recipe costs but half of the directors

include training in the 5th year. Thirty-eight expect students to know how to keep journals, ledgers, inventories, financial reports and other records. Practice in these items in the 5th year is variable. Some consider manipulation of the typewriter essential, others consider manipulation of other business machines desirable but not essential.

Personal Qualifications

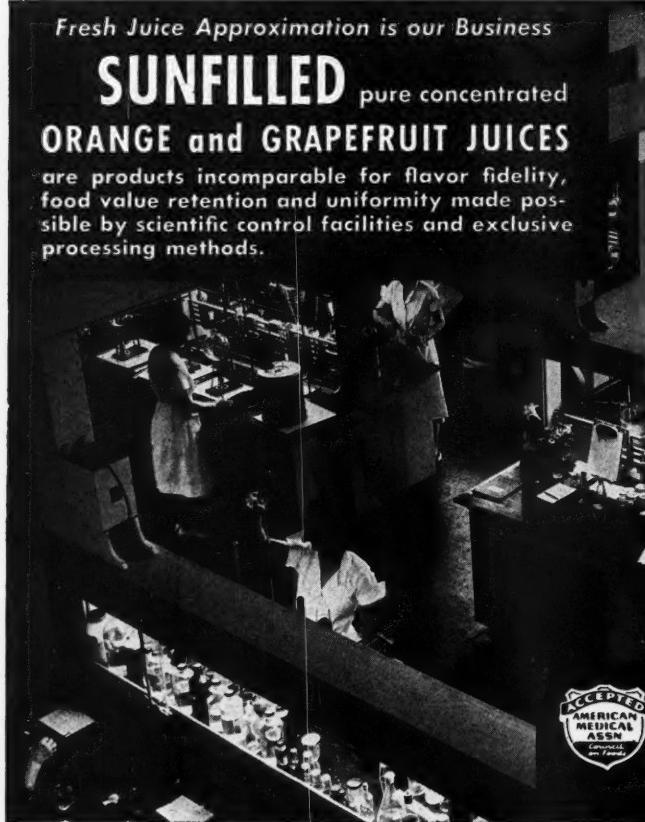
If characteristics necessary were developed in the college period, adjustments during training would be easier.

A recommended addition is that of checking and criticizing the results of one's own work. Several directors consider all students weak in assuming responsibility and believe this should be developed. Many directors believe there should be greater emphasis on co-ordinating theory with practice. Also, that professional dress and behavior on duty should be taught. Ability to give and take orders should be developed by actual practice in the junior year.

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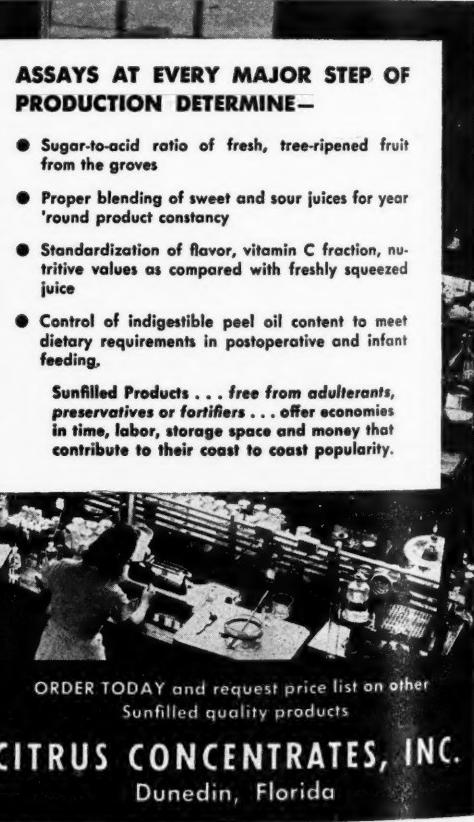
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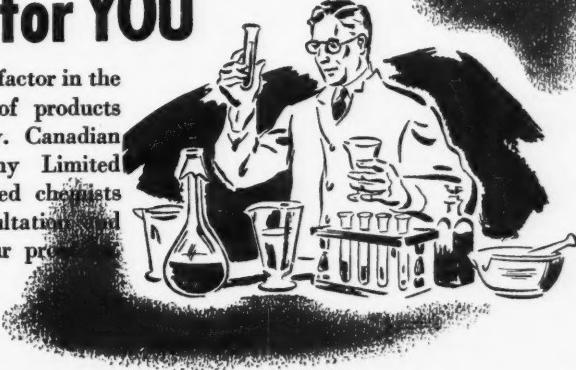
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National Hospital Day

Miss Priscilla Campbell of the Public General Hospital at Chatham, Ontario, has forwarded the programme in that city for National Hospital Day. Few hospitals, if any, hold better than this one the interest and support of the community. But it does not believe in resting on its laurels.

Three radio programmes were a feature of the observance. These consisted of two 15-minute broadcasts, "Where Science and Mercy Meet" and "Your Hospital Fights on Two Fronts" and "Kent County Almanac", a 30-minute programme over CFCO, presenting the historical background of the hospitals in Kent County, along with facts about present day hospital facilities and service.

A 4-page edition of the *Chatham Daily News* contained photographs of hospital departments and items of special interest on hospital organization and service.

High school students were invited to visit the hospital and training school to observe the hospital in action.

A special service was held in Holy Trinity Church on Sunday evening, May 6th. A special National Hospital Day message was sent to 50 churches in Kent County, suggesting that a special service be presented on Sunday, May 6th.

Celebration at Lethbridge.

National Hospital Day was observed for the first time at Lethbridge, Alberta, and the programme planned by St. Michael's Hospital there went off with a swing. The special guests of honour were 204 babies who had been born in the hospital, complete with proud parents.

The hospital "open house" had been well publicized in the newspaper and over the radio, and some 800 visitors paid a visit of inspection during the afternoon. They were escorted round the hospital by the Sisters, members of the St. John Ambulance Brigade and members of the hospital's Junior Aid. The tour terminated in the dietary department and from there each group of visitors

was taken to the dining hall, which was tastefully decorated in national colours and emblems appropriate for V-E week, and in which afternoon tea, presided over by the hospital board members' wives, was enjoyed by all.

Special attention was paid to high school girls visiting the institution, and they were given an opportunity of thoroughly inspecting the hospital and its equipment, of watching nurses at work and asking questions about nursing as a career.

Highlight of the day was the drawing for a \$100 bond, awarded by the Hospital to one of the babies born in the hospital during 1944. The lucky winner was Baby Polak.

Mission Hospitals Appoint New Business Manager

Mr. Harry Baxendale has been appointed Hospital Business Manager of the three mission hospitals operated by the Columbia Coast Mission of the Church of England in Canada. Mr. Baxendale served as secretary of St. George's Hospital for several years.

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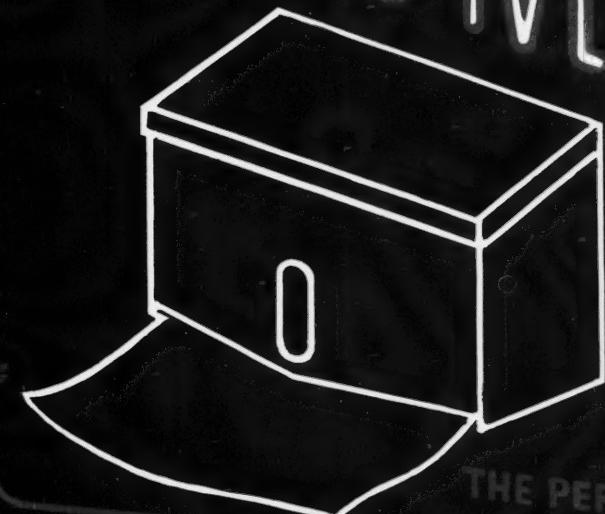
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Mental Patient Admissions Show Increase

The Twelfth Annual Report of Mental Institutions (1943), issued recently by the Dominion Bureau of Statistics reveals some interesting facts, especially in comparison with the figures for the preceding year.

At the close of 1943 there were in Canada 59 institutions for the care and treatment of mentally sick persons. Of these 32 were provincial mental hospitals, 5 training schools for mental defectives operated by the provinces, 15 county and municipal hospitals and asylums, 2 Dominion hospitals and 3 private institutions. In these 59 institutions there were on December 31, 1943, 46,631 patients under care; 541 were under care in boarding homes and 3,899 on parole, making a total of 51,071 persons. This is an increase of 893 over the number on the books at the end of 1942.

The number of persons under care per 100,000 of the general population was 394.8, an increase of 0.6 over the rate for the previous year. The ratio of males per 100 females

under care was 121. The only province which showed a decrease in the resident population of its mental institutions was New Brunswick, where the decrease was 1.9 per cent.

The overcrowding in mental institutions is illustrated by the fact that the excess of resident patients over normal bed capacity was 4,177, or 9.8 per cent.

Separations, including direct discharges, deaths and transfers, totalled 10,937, of which 3,339 were deaths and 764 were transfers to other mental institutions. Of the 6,834 direct discharges 1,813 or 26.5 per cent. were discharged as recovered, 3,371 or 49.3 per cent. as improved, 1,090 or 15.9 per cent. as unimproved and 560 or 8.2 per cent. as unclassified and without psychosis.

The recovery rate per 100 under treatment was 3.0—2.5 for males and 3.5 for females, while the percentage of patients improved per 100 under treatment was 5.5. Of the psychosis groups with 100 or more admissions, manic-depressive (57.1), alcoholic

(43.3) and psycho-neurosis (40.5) had the highest percentage of recoveries.

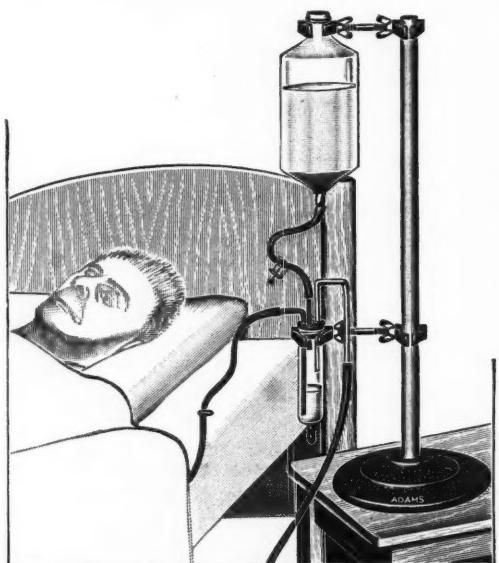
Excluding non-maintenance expenditures, and based on the daily average number under care, the annual per capita cost of maintenance was \$407.

Total personnel in attendance numbered 8,866, an increase of 333 or 4.0 per cent. over the previous year. Both the medical and trained nursing staffs showed decreases from 1942, there being 12 less doctors and 90 less nurses. Ward aides rose from 2,820 in 1942 to 3,186 in 1943. The number of dietitians, occupational therapists, teachers and social workers showed a slight decrease from the previous year. The ratio of all personnel to patients was 1 to 5.5. The corresponding ratio at the end of the preceding year was 1 to 5.7. The number of patients to each nurse and attendant was 11.1 and to each graduate nurse 49.9.

Work is to start at once on construction of a hospital at Oyen, Alberta, at a cost of \$40,500.

RUPEL BLADDER IRRIGATOR

as described by Ernest Rupel and Clyde G. Culbertson. See Journal of Urology, Vol. 50, No. 4, October 1943.



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Book Reviews

ARITHMETIC OF DRUGS AND SOLUTIONS by E. Justin Hills, Ph.D., Mathematics Department, Los Angeles City College, Los Angeles and Angeline Polley, M.S., R.N., Civic Health Department, Los Angeles. Pp. 63, packaged and unbound, for use in Ring Binder. Price \$1.00. The W. B. Saunders Company, Philadelphia and London. Canadian agents: McAinch & Co. Limited, Toronto. 1945.

This book should prove of considerable interest not only to nurses but to medical students and practising physicians. Certainly anyone who will read it carefully and will take the time to study the solution of the examples given, should find it valuable in solving the many mathematical problems that arise in the preparation and dispensing of medicines. While some of the work discussed would seem to be beyond the scope of the nursing profession, this book should go a long way in helping individuals who have trouble with this type of arithmetic to understand and solve their problems more easily.

—G.H.W.L.

\$1,000.00 Victory Gift

The Royal Jubilee Hospital in Victoria has received a cheque for \$1,000.00 from a trust company on behalf of an anonymous donor. This gift was made primarily in a spirit of thanksgiving for the victory in Europe but it was explained also that it was "an expression of the donor's appreciation of the rapid strides forward which the hospital is making to meet all the requirements of the community".

Free Tuberculosis Treatment to be Given in N.B.

A milestone in tuberculosis history has been reached in the province of New Brunswick with the announcement that the Government will henceforth assume all responsibilities for the cost of tuberculosis hospitalization.

Dr. C. H. Blakeny, Minister of Education, Federal and Municipal Relations, when making the announcement, stated, "We are convinced that tuberculosis hospitalization should be available to all who require it and that no patient should be obliged to become a municipal

charge, or pauper, for the purpose of receiving hospital care he might not be able to afford."

The Minister also promised that an effort would be made to secure additional treatment facilities, as the number of beds for the tuberculous at present available, was inadequate. Plans were under way to provide the additional 400 beds needed to bring the province up to the quota required.

Thus New Brunswick has joined the growing list of provinces where by law treatment of tuberculosis is free to all who require it.

—“Bulletin”, Canadian Tuberculosis Association.

Dr. Hewitt in Aurora

Dr. and Mrs. S. R. D. Hewitt are now living in Aurora, Ontario. Until his health required his withdrawal from the administrative field some months ago, Dr. Hewitt was superintendent of the Saint John General Hospital, going to New Brunswick some years ago from Regina where he was superintendent of the Regina General Hospital.

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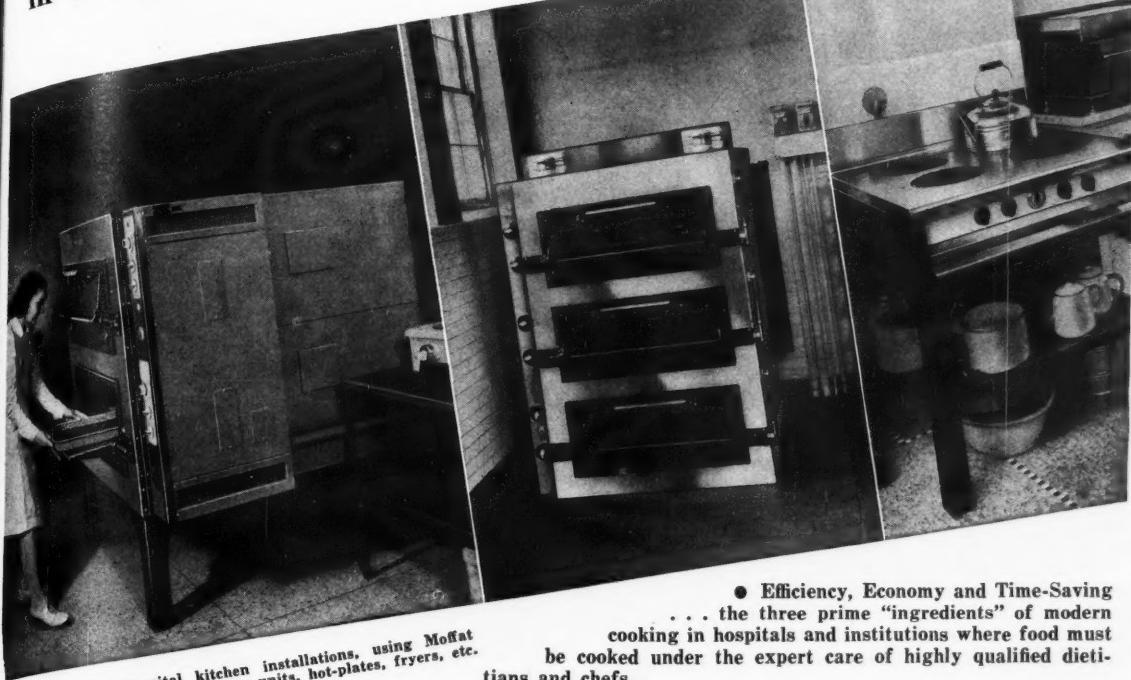
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Moffat cooking equipment features include the latest scientific developments—all-automatic controlled temperature for ovens, griddles, deep fat fryers . . . that make Moffat units economical in operation, highly efficient in their results and great time savers.

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Partnership

(Continued from page 28)

sion in an undernourished condition.

Some people will ask how assistance to capital construction would help a hospital meet the depression situation. Any experienced hospital administrator can point to dozens of ways, but it might be enough to point to nurses' homes and dietary departments. With inadequate nursing accommodation and inadequate facilities for feed-

ing of staff, hospitals would be forced to ask their staff to live out of residence. This staff could not maintain themselves as cheaply as the hospital could maintain them were they living in. That being so, allowance would have to be made in the salary arrangement, all of which increases the burden during the depression period.

The progressive moves on the part of the Provincial Government are encouraging, but no government can go very far ahead of

public opinion. We can expect complaints from municipalities against the proposed increase in the municipal indigent per diem rate. It is up to us who know the facts to inform the public that it is for the good of these municipalities to start adjusting the problem now when it can be done gradually and at a time when they are able to do it rather than to wait for a bigger burden when it would be difficult for them to finance.

Summing up, it is to be hoped that from now on more attention will be given to the proportionate support coming from each partner from year to year. In good times, when employment is at a high peak, the hospital should be encouraged to build up reserves in cash and in capital strength to meet the more difficult possibilities of the future.

Pleasing Features

A pleasing feature in both the 1930 and 1943 reports was that the contributing partners remained the same. It is true that the proportionate support changed, but during these years the patient, the province, the municipalities and philanthropy all worked together as supporting partners. Let us hope that this partnership may never have to be scrapped or the obligation absorbed in total by any one partner. If, however, we want to keep this very fine democratic arrangement, then we should start at once to get our house in order.

Another very pleasing feature in the present arrangement is the interest taken by so many of our good citizens. As one scans the past, above and beyond all the transitory and routine efforts, there stand out those pleasing recollections of voluntary services which one found a pleasure in doing, and many of our citizens have pleasant recollections of association in hospital work. I know that many of us will have pleasant recollections of working with this group of citizens.

I have pondered often as to why our Board Members, our auxiliaries, take such an interest; they could not be more interested were the hospital their own business. I feel that the reason for this interest is that these men and women

(Concluded on page 66)

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Dehydrated Bean & Bacon Soup	Touch O' Beef	Seafood Cocktail Sauce
Dehydrated Gallon Soup Mix	Base Mix for Meat	"1890" French Dressing
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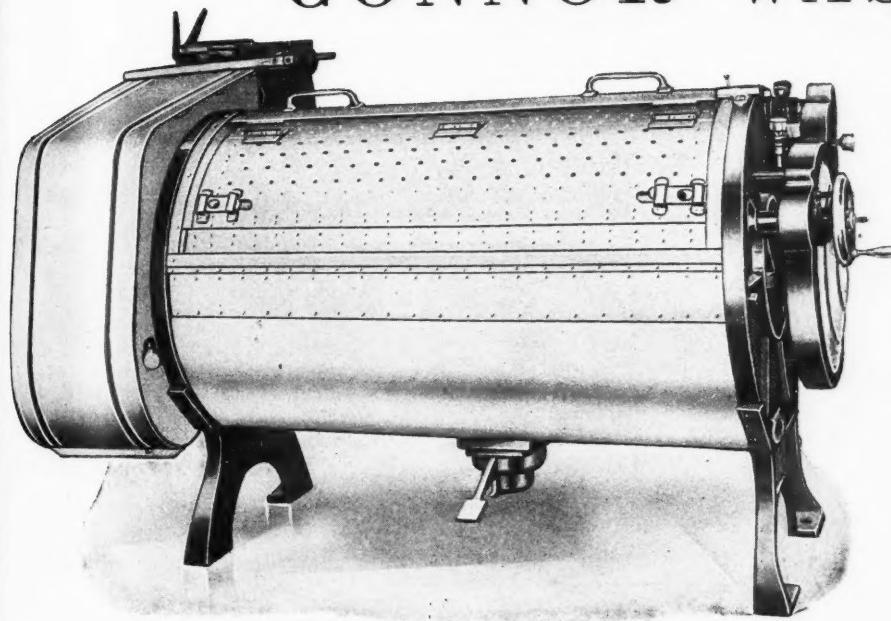
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Low Initial Cost — Low Operating Cost Feature These High Quality All Metal **CONNOR WASHERS**



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Save Money
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Equipment

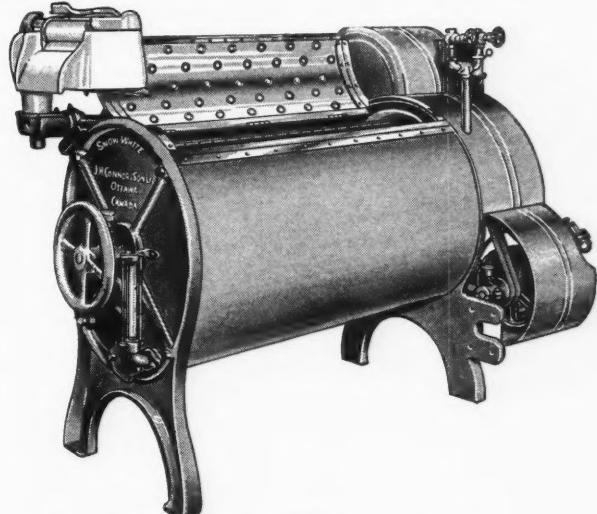
THE OTTAWA WASHER

No. 4 Ottawa Washer, complete with $\frac{3}{4}$ h.p. electric motor, single or three phase, 110-220 volt. Cylinder of hard brass, nickel plated and polished, 28" x 48". Capacity 40 sheets or 60 pounds dry clothes. Cylinder revolves on large, double race ball bearings, reducing power consumption 50 per cent. Weight 1,500 pounds.

No. 3 Ottawa Washer identical, but with 28" x 42" cylinder. Capacity 30 sheets or 50 pounds dry clothes.

THE SNOW WHITE NO. 2 WASHER

Complete with $\frac{1}{2}$ h.p. electric motor and wringer. Cylinder 24" x 40". Capacity 22 sheets or 36 pounds dry clothes. Floor space 38" x 64". Weight 825 pounds. The greatest value ever offered for a metal washer of this size. Satisfied users from coast to coast.



Metal Washers from 36 to 150 pounds dry clothes capacity. Tumbler Dryers, Extractors, Ironers, Laundry Trucks. Write for catalogue and price list.
Convenient terms arranged.

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Easing of War Taxes Some Help to Hospitals

THE reduction of certain special war taxes and the elimination of others, announced May 10th, will be of some benefit to hospitals although not to the same extent as to other groups.

The main changes are:

1. Removal of the 25 per cent special excise tax on household electric and gas appliances.
2. Reduction of the special excise tax on radios, phonographs and cameras from 25 to 10 per cent.
3. Repeal of the 8 per cent sales tax on building materials.
4. Changes in the special excise tax on passenger automobiles from a graduated scale running from 25 to 80 per cent to a flat 10 per cent.
5. Rescinding of the 10 per cent war exchange tax for imported manufacturing and producing machinery and equipment and building materials.
6. Removal of controls prohibit-

ing the manufacture of a number of household articles.

7. Plans for further relaxation of restrictions on travel to the United States.

These changes, coupled with the liberation of various metals and other materials and the likely greater availability of skilled labour, should increase the purchase by hospitals of a number of manufactured articles in the near future. Hospitals have been exempt from the 8 per cent tax on building materials, so will not gain in that respect, but will profit by the rescinding of the 10 per cent war exchange tax on imported equipment and building materials.

Hospitals contemplating construction will be interested in Mr. Ilsley's statement that "In the relaxation and direction of controls, as well as by other means, concentrated efforts are being made to increase the supply of building materials and equipment..."

X-ray equipment for use in indus-

trial production is exempted from the War Exchange Tax, but this does not apply to x-ray equipment for use in diagnosis and treatment. The Order-in-Council, we are informed, contains no exemption for public hospitals or the medical profession.

Partnership

(Concluded from page 64)

enjoy a broad freedom in the administrative management and are not restricted by, or under the dictation of, any central body. Let us, therefore, try to avoid any change in the present set-up which would jeopardize the wonderful democratic interest in hospital work now taken by so many of our citizens. It would be well for the municipality and the province to take over a considerably larger proportion of the hospital load, and it would be well for that proportion to remain more constant from year to year. But we must be careful that always over half the responsibility remains with the local management, thus protecting the present policy of local autonomy.



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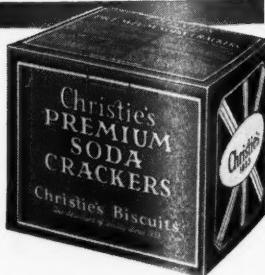
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As manufacturers of what are widely regarded as the finest surgical blades ever developed, it is our conviction that professional preference is based upon their actual performance rather than attempts to evaluate their qualities by mechanical determinations.

Surgeons *feel* the superior sharpness of their inimitable cutting edges.

Surgeons *sense* just the desired degree of rigidity necessary to resist lateral pressure.

Surgeons *know* that dependable strength and long cutting efficiency serves to reduce blade consumption to a minimum.

★ The quality of Rib-Back Blades has suffered no wartime change. Precision uniformity . . . blade for blade . . . and long periods of satisfactory service, make them the least expensive in the final cost analysis.

Ask your dealer

BARD-PARKER COMPANY, INC.

Danbury, Connecticut

A B A R D - P A R K E R P R O D U C T

Australian Red Cross (Continued from page 38)

actions should not be notified by telephone unless they are accompanied by one or more of the above symptoms or signs. A note of their occurrence, however, should be made on the label to be returned to the Red Cross Transfusion Service.

The investigation of such cases would be made very much easier if the blood in the flask, and especially that in the pilot tubes, were available. It is, therefore, requested that whenever a blood transfusion or a serum transfusion has to be discontinued because of the occurrence of a reaction, the flask and pilot tubes be immediately placed in the refrigerator pending instructions from Red Cross Transfusion Service.

Use of Blood and Serum

In the prevention or treatment of shock from various causes the maintenance or restoration of the circulation should be a primary consideration. It is frequently a matter of urgency that, in addition to other treatment, e.g., morphia, rest immo-

bilization of injured parts, oxygen, warmth, such as hot blankets and hot water bottles, fluids should be administered intravenously. Fluids administered in shock should be such that they are retained in the circulation and do not pass out into the tissues. Whole blood, plasma and serum are retained by virtue of their protein content, which exerts an osmotic effect. The effects of saline solutions on the other hand are short-lived, since the saline solution is not retained within the vessels and may "waterlog" the patient.

1. **Surgical Shock:** Shock may follow surgical operations, accidental or war injuries, including explosive blast, and is accentuated by pain, haemorrhage, prolonged anaesthesia, exposure, fatigue, cold, fear and absorption from damaged tissues. An important feature is a reduction in the volume of the circulating blood. The immediate clinical examination of the patient is of the greatest importance because the treatment must be commenced as early as possible. The nature of the injury, the time that has elapsed, the physical condi-

tion and age of the patient, the handling of the patient prior to admission to hospital and the amount of surgical treatment that will be necessary should all be considered in assessing the existing degree of shock and its possible increase. Haemoconcentration as determined by a rise in the haemoglobin value (or haemotocrit reading) may be an early finding, and whilst the correction of the lowered blood pressure is the most reliable guide to the effect of treatment, antishock therapy should not be delayed until the blood pressure has actually fallen.

When haemorrhage, associated with traumatic or surgical shock, has been sufficient to necessitate intravenous therapy, a blood transfusion should be given. In cases of severe shock without haemorrhage serum should be used, as there has been no loss of red blood corpuscles. The condition of the patient and the reaction to the administration of serum must determine the dosage and the rate of administration. In general, it can be said that a dose of less than

(Concluded on page 72)

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Coal Stoker**

Many hospitals have discovered the numerous advantages provided by a Fairbanks - Morse Coal Stoker. Lower heating costs, because it burns cheaper grade coal and extracts all the heat from it. Automatic controls insure uniform, healthful temperatures, regardless of weather changes. Available in capacities from 50 to 500 lbs. of coal per hour, for immediate installation. Investigate now before the heating season starts. Call our nearest distributor or branch office.

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AT HOME OR AWAY

SPOT
TESTS

SIMPLIFY URINALYSIS

NO TEST TUBES • NO MEASURING • NO BOILING

Diabetics welcome "Spot Tests", (ready to use dry reagents), because of the ease and simplicity in using. No test tubes, no boiling, no measuring; just a little powder, a little urine—color reaction occurs at once if sugar or acetone is present.

Galatest
FOR DETECTION OF SUGAR IN THE URINE

Acetone Test (Denco)
FOR DETECTION OF ACETONE IN THE URINE

SAME SIMPLE TECHNIQUE FOR BOTH

I. A LITTLE POWDER



2. A LITTLE URINE

COLOR REACTION IMMEDIATELY
Accepted for advertising in the Journal of the A.M.A.
Write for descriptive literature



A carrying case containing one vial of Acetone Test (Denco) and one vial of Galatest is now available. This is very convenient for the medical bag or for the diabetic patient. The case also contains a medicine dropper and a Galatest color chart. This handy kit or refills of Acetone Test (Denco) and Galatest are obtainable at all prescription pharmacies and surgical supply houses.

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"Too bad Roentgen never saw this screen . . ."

THIS YEAR marks the fiftieth anniversary of Roentgen's discovery of x-rays and the one hundredth anniversary of his birth.

Progress in fluoroscopy since the day of that great discovery has been the work of scientists the world around—and to this progress, developments in fluorescent screens have made important contributions.

Roentgen, the scientist, would have appreciated the Patterson Type "B" Screen. Its unusual brilliance and yellow-green fluorescence were responsible for a great increase in the use of fluoroscopy. And its sensitivity to soft radiation has permitted lower kilovoltage techniques—less wear on tubes

and equipment—and reduced exposure of patients to x-rays.

Today, Patterson manufacturing facilities are meeting both military and civilian requirements for fluoroscopic and intensifying screens. Your dealer will be glad to serve you. Patterson Screen Division of E. I. du Pont de Nemours & Co. (Inc.), Towanda, Pa.

PATTERSON INTENSIFYING SCREENS

—like Patterson Fluoroscopic Screens—are well known to roentgenologists everywhere. These screens help assure clear, sharp, contrasty radiographs of the kind that facilitate accurate diagnosis.



Patterson Screens

Light the Paths of X-ray

BETTER THINGS FOR BETTER LIVING . . . THROUGH CHEMISTRY



Surgaloy metallic sutures are the result of six years' extensive research and clinical observation in the development of a wire strand to provide greater strength and ease of handling while conforming in all other respects to the highest requirements of the surgical profession for sutures of this type.

Surgaloy, reflecting the properties of its components—chromium, nickel, steel and other ductile metals—offers these specific advantages in the handling and use of metallic sutures:

1. Exceptional strength permits the use of very fine sizes.

2. Flexibility and freedom from kinking facilitate handling and tying.
3. Non-corrosive and inert, hence minimal tissue reaction.
4. Non-magnetic and electro-passive in tissue fluids, it in no way restricts the use of diathermy or X-ray therapy.

Surgaloy sutures are armed with swaged-on Atraumatic needles specially designed for procedures in which metallic sutures are used. These are supplied in hermetically sealed glass tubes, heat sterilized and ready for use. Further information on request.

DAVIS & GECK, INC.
57 WILLOUGHBY STREET, BROOKLYN 1, NEW YORK



D&G SUTURES ARE OBTAINABLE THROUGH RESPONSIBLE DEALERS EVERYWHERE

JUNE, 1945

(Concluded from page 68)

one litre is rarely indicated for an adult, and more may be required. The first 500 c.c.'s should be given rapidly, i.e., in 15 to 20 minutes, and the remainder at a slower rate. The clinical assessment of the patient's condition, blood pressure readings and the haemoglobin value must control the amount and rate of further administrations of blood or serum.

2. **Burns:** All cases of extensive burns are characterized by a severe loss of plasma particularly from and into the burnt area, and this leads to a marked decrease in the circula-

ting blood plasma and to concentration of the red blood corpuscles. The earliest indication of the severity of shock following burns is an increase in the haemoglobin percentage. This occurs much earlier than is generally recognized and before there is a lowering of the blood pressure. Although the latter will follow, it is dangerous to delay the administration of serum until the fall is observed. Serum is the fluid of choice for the treatment of burns, and if serum is available blood is rarely indicated. But blood is a valuable substitute and should not be withheld in the

absence of serum. The decision to use serum must be based on the clinical condition of the patient and on the nature, extent and severity of the burn, and it should be given early. A guide to the amount of serum to be given may be obtained by ascertaining the haemoglobin or haematocrit value, and if these are raised it is probable that serum therapy should be continued.

Facilities for one of these methods should be made available, but if not, the amount of serum required must be estimated from clinical assessment of the patient's condition and from repeated estimations of the blood pressure and pulse rate.

Continued administration of serum may be required to maintain the volume of the circulation, and several litres may have to be given in twenty-four or forty-eight hours. The initial 500 c.c.'s should be given rapidly, i.e., in 15 to 20 minutes, but subsequent amounts should be given more slowly.

3. **Haemorrhage:** If a patient exhibits obvious signs of serious haemorrhage, then it is clear that blood is the ideal fluid for restoring the blood volume, and should be used whenever it is necessary and available. In some circumstances blood may not be immediately available and serum may be used as an emergency measure to be followed by blood. Serum will restore the blood volume and improve the peripheral circulation of a patient who has lost a considerable quantity of blood. It must not be given to cases in which there is no convincing evidence of the need of a transfusion or whose condition will not be detrimentally affected by the necessary delay in collecting blood. Serum is indicated only for acute haemorrhage, for it is unlikely to be of much benefit to patients who have lost blood more than a few hours. To them a blood transfusion should be given if indicated.

Haemoglobin estimations are of little value in assessing the amount of blood loss in acute haemorrhage, and reliance must be placed on blood pressure readings. When haemorrhage cannot be surgically controlled, e.g., in haematemesis, unless it is an urgent and life-saving measure, blood or serum should be given at a rate not faster than 500 c.c.'s in 30 minutes, and continued by the drip method.

FROM TREE SUGAR



ETHYL alcohol

Sugar, whether obtained from sugar cane, beets or trees, is the raw material from which ethyl alcohols are made. Everyone knows what delightful sugar our Canadian maple trees produce. In like manner the spruce and balsam trees of our great forests are the source of a pure and wholesome sugar, and it is from this sugar we manufacture our ethyl alcohol for use by Canadian manufacturers. This alcohol meets the requirements of the British and the United States Pharmacopeias.

Why not investigate the properties of our alcohols for use in your products? We manufacture to government formulae alcohols suitable for anti-freezes, paints and varnishes, pharmaceuticals, cosmetics, plastics or for whatever uses industrial alcohols are required.

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ANTISEPSIS

In War and Peace

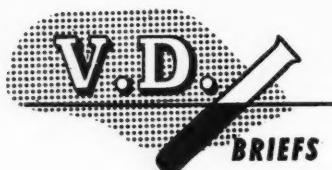
'To be effective an antiseptic must fulfil certain conditions which depend not only on its own properties, but also on the way in which it is used: (1) It should be applied before infection has begun, or, in other words, before bacteria have penetrated the tissues. In war wounds . . . four hours is the limit of time during which an antiseptic can be effectively applied. (2) It should be well distributed throughout the wound, penetrating every corner and pocket which may be contaminated. Enlargement of the wound and excision help to make this distribution possible.*'

The attributes of an antiseptic for use in the field can be defined without difficulty. Needless to say, it must not be unduly specific—in other words, it must be effective against the majority of bacteria which infect wounds: it must be active in the presence of blood and wound contaminants: it must be safe—*i.e.* non-toxic and uninjurious to the tissues—for it may often have to be applied at full concentration: it must not inhibit the natural processes of repair.

It is not surprising that 'Dettol'—owing to this very combination of qualities—may be found in many field hospitals, casualty posts, warships, in every theatre of war where British Empire forces are engaged. For the emergency sterilization of the hands, for the sterilization of the patient's skin and of instruments, for application to recently wounded tissues as a preventive of infection, wherever and whenever circumstances call for the use of a highly bactericidal preparation that will not further devitalize injured tissues, 'Dettol' has an established and valuable place.

Antisepsis is, of course, only an auxiliary to surgical treatment. It is not a substitute for wound excision, drainage and immobilization; nor can it deal effectively with bacteria that have deeply invaded the tissues. In war as in peace the greatest triumph over infection lies in its prevention.

* Trueta, J. (1944) *Principles & Practice of War Surgery*, p. 160.



Babies Saved from Syphilis

Syphilis extends to the foetus about the fifth month of pregnancy. Prior to that, spirochaetal invasion of the foetus has not occurred in most cases. If maternal syphilis is discovered before the fifth month, invasion of the foetus can be checked. If treatment is continued till term the baby has a 95 per cent. chance of being normal and non-syphilitic.

Blood Tests for Every Expectant Mother Before the Fifth Month

* * *

Gonorrhreal Vaginitis of Immature Girls

"In most instances, vaginitis of immature girls is not due to gonorrhreal infection. An accurate diagnosis depends on securing positive cultures from discharge which is best obtained from the neighborhood of the cervix. A diagnosis which de-

THIS RAPID TUMBLER DRYER

Is Needed in Every Hospital Laundry

Rapid Loading—Rapid Drying—It Speeds up the laundry work — No waiting for clothes to dry.

No. 2 Rapid Tumbler
Dryer — capacity 26
pounds of dry clothes in
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No. 3 costs only \$438.00
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(less sales tax to hospitals on Govt. list).

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pends on an examination of spreads is not to be relied upon. *Too many other Gram-negative organisms in the vaginae of children resemble gonococci.* Ordinarily a gonorrhreal infection is limited to the vaginal mucosa. Salpingitis occurs very rarely.

"Girls with gonorrhreal infections need be kept from school only while the discharge is profuse. If properly treated, this period should be a matter of only a few days. *The spread of infections on toilet seats is not to be feared.* The danger of institutional contacts has been grossly exaggerated. Ordinary isolation technique in well-conducted hospitals is sufficient to prevent the transmission of infection."

sion of infection to other patients. More intimate direct contacts in the family or with playmates constitute the most frequent modes of spread of the disease in immature girls."

Hospital Wing is Opened

The new wing of the Halifax Children's Hospital, which will increase the bed capacity from 80 to 120 beds, was opened on May 1st. Ten more nurses and a number of staff employees have been taken on.

The three storey wing with a sub-basement provides space for two wards of 25 beds each, a minor operating room, a plaster room, a linen sorting room, a laundry and living quarters for the domestic staff.

Coming Conventions

- June 11-15—Canadian Medical Association, Mount Royal Hotel, Montreal.
 June 18-August 11—Catholic Hospital Association Institutes on Hospital Administration, St. Louis University, St. Louis, Mo.
 June 19-22—Maritime Hospital Association, Charlottetown Hotel, Charlottetown, P.E.I.
 September 17-29—A.C.H.A. Institute for Hospital Administrators, University of Chicago, Chicago.
 September 19-21—Canadian Hospital Council, Royal Connaught Hotel, Hamilton.
 October 22-24—Ontario Hospital Association, Royal York Hotel, Toronto.
 October 25—Ontario Conference Catholic Hospital Association, St. Michael's Hospital, Toronto.

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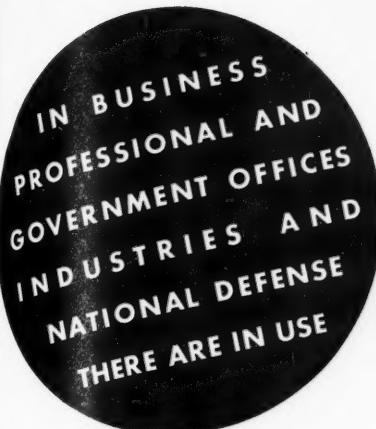


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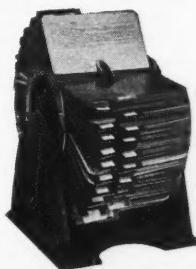
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By a simple turn of
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can have at her
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Front and back
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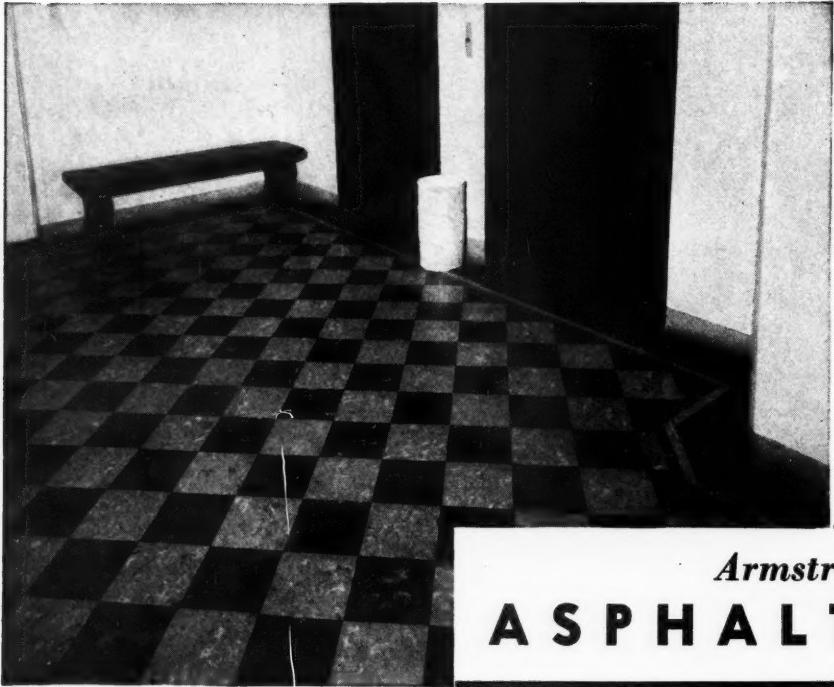
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AFTER-SIX

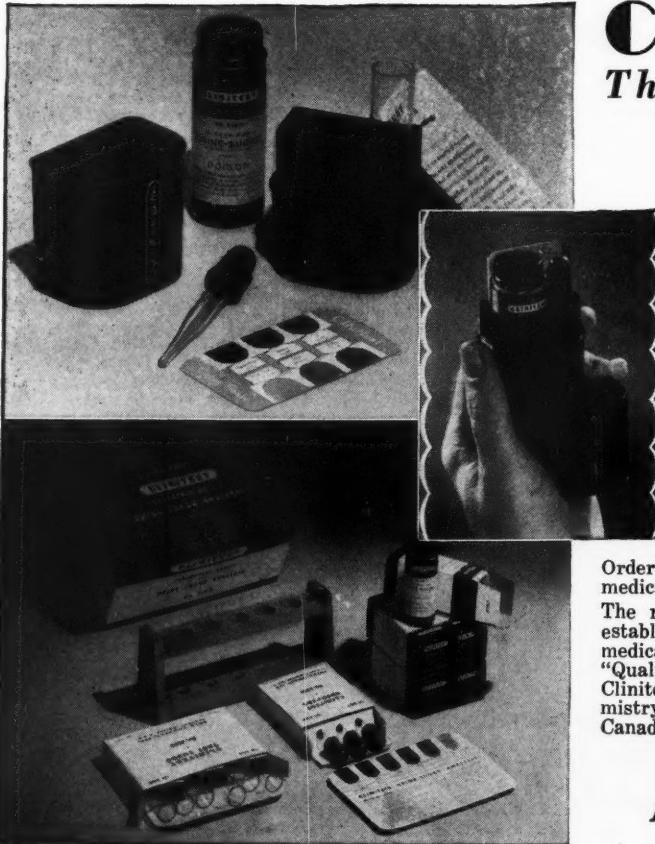
Photography!



THIS picture was taken after office hours. At all other times the elevator entrance is a busy traffic centre. It was natural therefore to floor it with ARMSTRONG'S ASPHALT TILE so that it could stand up to hard usage without losing appearance. ARMSTRONG'S ASPHALT TILE is a building investment not a building expense. Once down it lasts for years even where the traffic is heaviest—and always looks good as new. The supply of this flooring material is still limited. Order well ahead of immediate need as a safeguard against delay. Armstrong Cork & Insulation Co. Limited, Montreal, Toronto, Winnipeg and Quebec.

Elevator Lobby,
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CLINITEST *The Streamlined Tablet Method*

For Urine-Sugar Analysis

PLASTIC KIT: All essentials for testing are compactly fitted into handsome, durable, Tenite Plastic case. Case contains bottle of 36 tablets, test tube, dropper, color scale and instruction sheet with analysis record. Retail Price \$2.25 each.

TABLET REFILL: Screw cap bottle of 36 tablets and instruction sheet with analysis record. Retail Price 75 cents each.

LABORATORY OUTFIT: Designed for office or laboratory use. Contains tablets for 180 tests, six test tubes, three droppers, rack and color scale with complete instructions. Retail Price \$5.00 each.

FOR HOSPITAL USE: Clinitest Tablets are available in bulk quantities of 1,000 and 3,000 at special prices. Put up in bottles of 100 and 250 tablets.

Order these NEW packages of CLINITEST from your medical or surgical supply house.

The reliability of the CLINITEST method has been established by experimental data and by extensive use in medical and clinical laboratories. For booklet entitled "Qualitative Determination of Urine-Sugar by the Clinitest Tablet Reagent Method", the complete chemistry and information on CLINITEST, write to Sole Canadian Distributor:

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165 DUFFERIN STREET, TORONTO

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Dependable Anesthetic Agents

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FOR over 86 years Squibb Ether has been used by surgeons and physicians all over the world. They have used it with justified confidence in its uniformity. They have recognized its reliability.

Now, as always, the House of Squibb makes but one quality of Ether—that which is best for anesthesia.

It is packaged in copper-lined containers to prevent the formation of undesirable oxidation by-products.

Squibb Ether is made only in the Squibb Laboratories by the "continuous distillation" process originated by Dr. E. R. Squibb—a process upon which the uniformity of the product greatly depends.

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CYCLOPROPANE SQUIBB is widely used as an inhalation anesthetic agent. It offers the advantages of low toxicity, easy induction and rapid recovery, and permits of the employment of an abundant supply of oxygen.

Cyclopropane Squibb has been noted for its high quality—the result of careful study of this anesthetic gas and the rigid control

of its production by frequent analysis during synthesis. Representative lots of Cyclopropane Squibb are subjected to biological tests as a further means of assuring its safety and potency.

Cyclopropane Squibb is available in 40 (AA); 100 (B); and 200 (D) gallon special light-weight cylinders . . . easier to handle . . . less costly to ship.

For literature write
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**E·R·SQUIBB & SONS
OF CANADA, Ltd.**
MANUFACTURING CHEMISTS TO THE
MEDICAL PROFESSION SINCE 1858

Communicable Disease

(Continued from page 32)

ally, for safety, through the local health officer and the Division of Laboratories, Provincial Board of Health. If the water is not safe, an accepted method of making it safe should be practised. If advice is not available through the local medical health officer, it can be obtained from the Public Health Engineer, Provincial Board of Health.

The use of unsafe water in a hospital constitutes a direct and gross threat to the patient and staff, and

an outbreak traceable to an unsafe water supply is unpardonable.

Nutrition

The fact that a patient requires a special diet is no reason why he should lose the basic food values contained in a balanced diet. Every attempt should be made to see that meals in a hospital are balanced. A dietitian is just as important to the work of a hospital as a matron or a nurse. In smaller hospitals a nurse especially trained in dietetics should be on the staff to take this responsibility with her duties. Dietitians

should have complete responsibility for all foods served in the hospital.

A special diet that is not balanced should be used for the shortest possible time to accomplish its purpose, and then the patient should be put on a fully-balanced diet. Liquid, soft and general diets can all be balanced. No tea or coffee should be given to children in any hospital.

Handwashing Facilities

It goes without saying that suitable handwashing facilities should be available for the staff in all parts of a hospital. The lack of this in the past has been one of the major reasons for medical aseptic nursing not being more generally practised. A basin located in a convenient place in every ward, large or small, would be an ideal arrangement and also serve to protect the health of the patient. Again, no plug for the basin, a common spout and soap and paper towels should be available. A little ingenuity in this regard can provide a valuable service at little cost.

Wherever there are toilets, wash basins with both soap and paper towels should be available and all employees should be instructed to wash their hands after going to the toilet. It is a good policy to have a hand basin in every kitchen and all food preparation rooms.

Health and Education and Services

The hospital offers a wonderful opportunity for many phases of health education.

Maternal Care

For instance, too many babies come out of hospitals on bottle feeding, in spite of the fact that medical authorities of all kinds advocate breast feeding for newborn babies. Only a very small percentage of mothers are unable to breast-feed their babies. Even a partial breast feeding is better than a complete bottle feeding. A mother can be taught the value of breast feeding while she is in hospital, particularly the new mother.

This requires a knowledge on the part of the nurse of simple maternal hygiene and it is felt that this should be one of the duties of the maternity department of a hospital. Public health nurses are available in the majority of districts today and are in a position to aid the hospital, if and when requests for their advice and service are made.

(Concluded on page 80)

It's FIREPROOF—and highly efficient in quieting noise!

THIS CEILING of Johns-Manville Transite Acoustical Panels has a smooth, hard finish which resists dust and dirt and, because it can be washed, is easily kept spotless. In the Hospital of Tomorrow, this Acoustical Treatment will be built into the original structure. But even today no hospital need do without sound control. For J-M Transite Acoustical Panels can be installed NOW in your corridors, kitchens, or wherever you have a noise problem.

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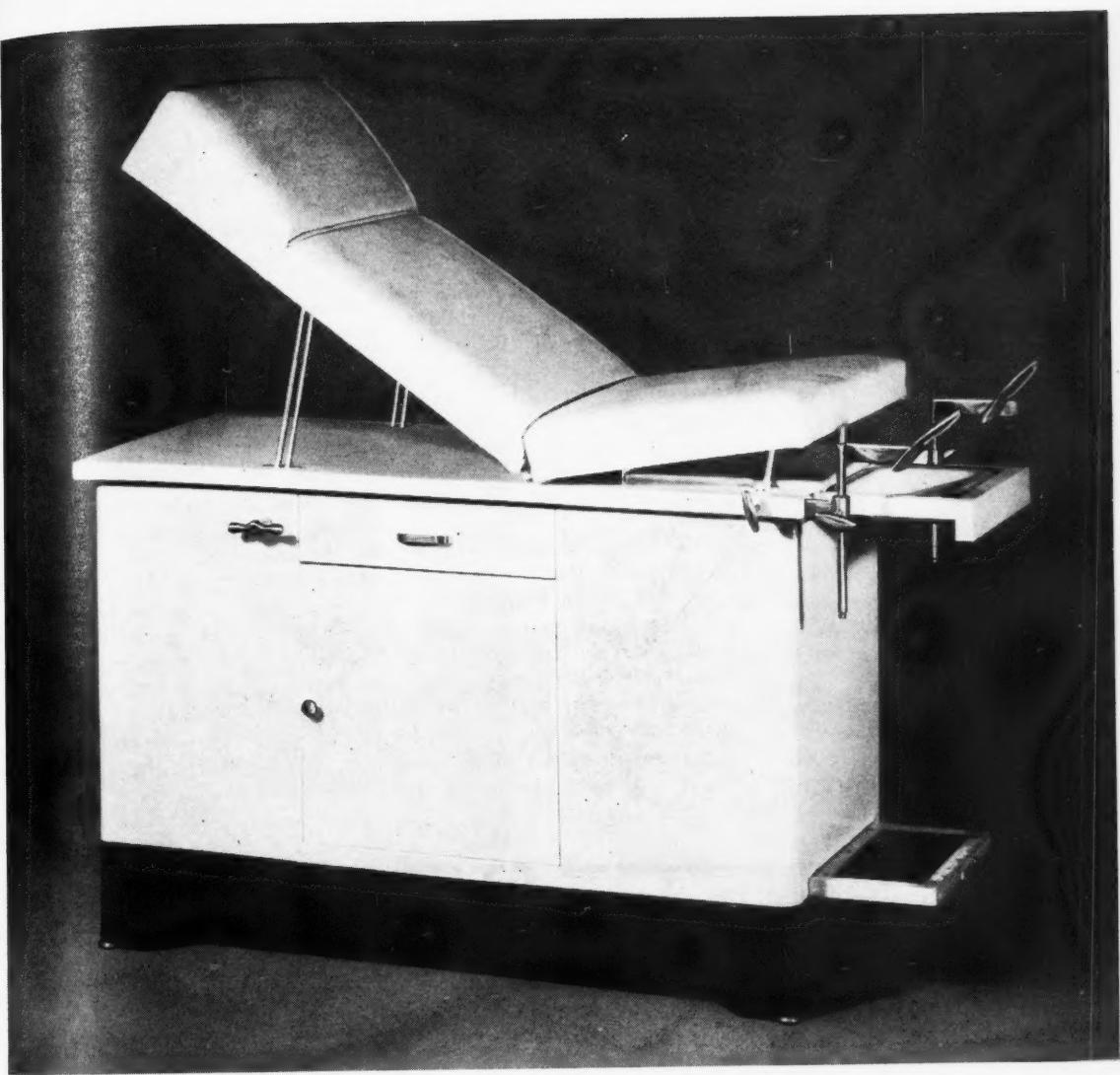
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Public Health Services

All persons in a community hospital should be familiar with the services made available through their local health department, both for the hospital and for the people in their community. As an example, a public health nurse can give prenatal and postnatal supervision of the patient, and often save some time in hospital if this service is properly utilized.

The public health nurse should be invited by the hospital authorities to talk to the nurses with regard to her programme and outline to the nurses the community services made available. The local full-time health officer, e.g., a health unit director, should be utilized as a consultant by the hospital to aid in dealing with public health problems. A closer co-operation between hospitals and local health services will be invaluable not only to the hospital and its staff and patients but to the community at large.

Patients are often in hospital suffering from complications as the result of preventable disease which could have been avoided if precau-

tions had been taken in time. For example, a hospital staff should advocate and support the programme of the local health service, particularly immunization and other preventive measures. There is no doubt that this will relieve unnecessary pressure on hospital facilities.

Well Baby Clinics

Most of the local public health nursing services operate child health conferences (well baby clinics) where consultative service is given concerning infants, pre-school children and advice that cannot be given to-day by the average busy physician. This service supplements the service of the hospital and the doctor and should be made known in the hospital to the mother so that she can take full advantage of the service when she does leave the hospital. The time of the various clinics in the community can be obtained from the local public health nurse and could be posted in the hospital for ready reference.

Arrangements are now made in some hospitals whereby a public

health nurse contacts mothers a day or so before they leave hospital, in order that there may be no gap between the hospital service and the local community health service.

Equipment-Lending Service

Equipment-lending Service for bed pans, crutches, back rests, rubber rings and many other pieces of hospital equipment only required for a short time can perhaps help clear patients out of hospitals more rapidly and keep certain patients from the hospital. Obviously, a small charge should be made for this service.

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The sum of \$15,000 was left to the St. John Convalescent Hospital, Newtonbrook, in the will of the late Arnold C. Matthews of Toronto, former chairman of the board of Canada Malting Company. This hospital, which is badly overcrowded, is now working on plans to enlarge its capacity to 150 beds.

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Hospitals in Britain (Concluded from page 46)

are beginning to realize it. The latest example is the formation of the British Council for Rehabilitation under the chairmanship of Lord Rushcliffe, of which the object is to bring together all the bodies concerned in one way or another with that subject. It is none too soon, as there are signs that it is beginning to get out of hand and spoil by a certain popular glamour attaching to it at the present time.

Feeding

In the hospital world rehabilitation is run close by feeding as a popular subject. But as we all know it is not the food which matters so much as the way in which it is presented to the patients and staff. The result is that there is a considerable demand for staff skilled in that department, though we have not yet quite made up our minds exactly what we are looking for to save the situation. But at least the dietitians are coming into their own.

They have now been recognized by the Board of Registration of Medical Auxiliaries, though there appear to be less than two hundred members of the British Dietetic Association. Whether they are considered to be qualified to hold the post of what is better described as catering manager remains to be seen.

V-E Day

(Continued from page 30)

heads to anticipate V-E Day and make their plans accordingly. As a result there was no interruption of service and very few absentees of those detailed for duty when V-E Day arrived . . . Unfortunately all our resident staff, except one, were at Dalhousie University at the time, writing their final examinations."

At the Royal Jubilee Hospital in Victoria, Dr. T. W. Walker, superintendent, writes that there was no hysteria and the day passed quietly. Here, too, staffs were cut to the minimum. "The meal service was not disrupted, but meals were advanced half an hour. One was conscious of a tense interest. Radios circulated the latest news in all the wards."

A quiet day was reported by the City of Sydney Hospital in Nova Scotia. "I may say that our staff remained on duty throughout the day. They were given holiday time and everything went on as usual."

After describing the preparations made beforehand for the maintenance of service in the Montreal General Hospital, Dr. Burnett Johnston adds with satisfaction: "It is worthy of note, I think, that on Tuesday 8th May there was *no single instance* of unauthorized absence from duty in any department of either Division of this Hospital."

Says Dr. Miles Brown, superintendent of the Hamilton General Hospital: "I am glad to be able to report that we had complete co-operation from the entire hospital staff on V-E Day . . . I had previously asked all the departmental heads to make similar arrangements to those which apply to holidays . . . The dietitian arranged special luncheon trays for the patients . . . It was arranged with the Master of Services for the day to have one of the bands come to the hospital and give a pa-

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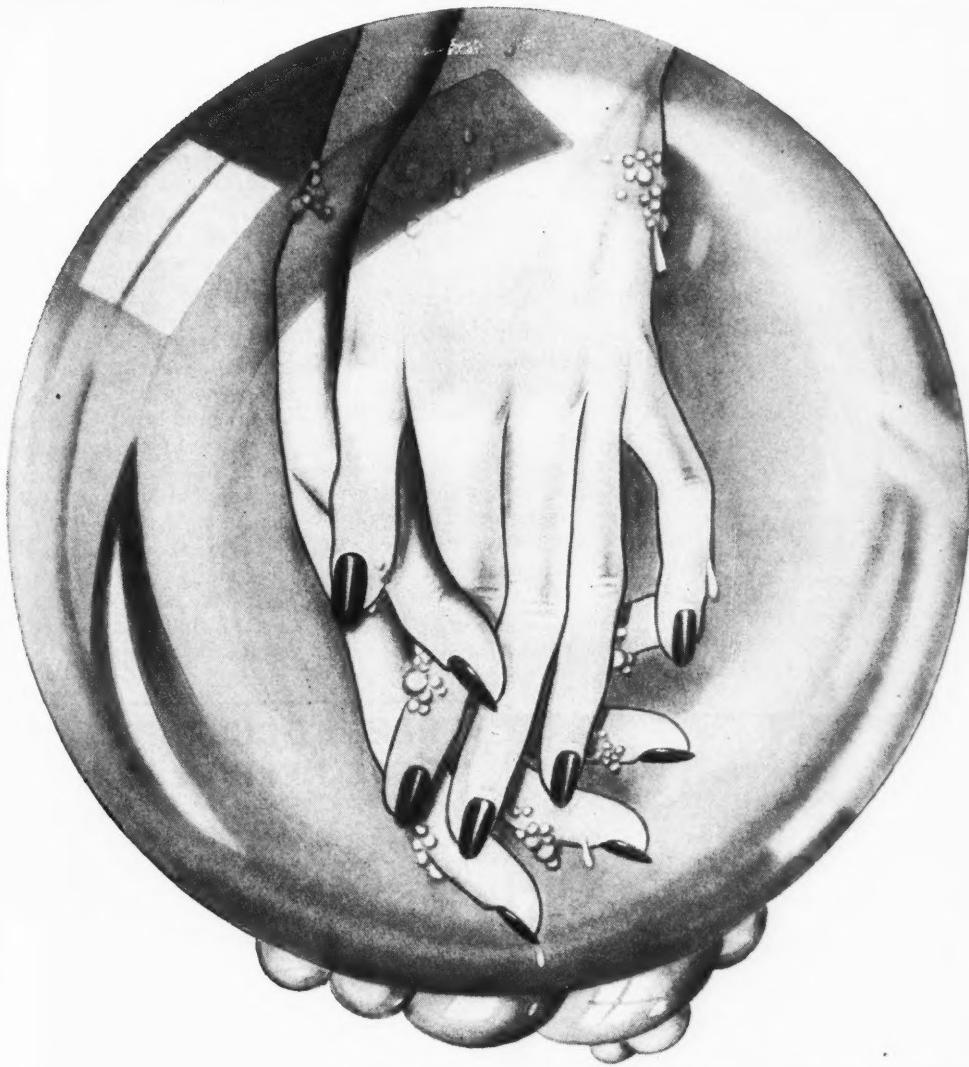
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triotic programme for the patients in the Children's Department."

Mr. A. J. Swanson, superintendent of the Toronto Western Hospital, emphasized the "100 per cent co-operation of the staff. We tried to let them off early on Monday, but those who had to work the full day did so cheerfully. On Tuesday we assembled enough radios (some of them belonging to the employees) so that the celebrations could be carried to all the public wards. The staff felt that their first job was to the patients, and they looked after them wonderfully."

The outpatient department at the Hôpital Notre-Dame in Montreal was closed and the operating rooms were open only for urgent operations.

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One Science and one Practical Arts Instructress required for Victoria Hospital, Prince Albert, Saskatchewan, for September 1st, 1945. Salary \$150.00 a month with full maintenance with four weeks vacation and four weeks sick time with pay each year. Apply to Mrs. J. S. Harry, Superintendent of Nurses, stating full particulars, age, qualifications, etc.

A skeleton staff was retained in the rest of the hospital.

At the Victoria Hospital in London the same rules governing statutory holidays were put into force. Says the superintendent, Dr. L. J. Crozier: "In keeping with this policy all departments were covered during V-E Day. In the operating room all operations which had been previously scheduled were carried out, which necessitated a full staff in that department. The number of emergency treatments was greatly increased, but here too there was a complete staff . . . Throughout the hospital all members of the staff co-operated to a marked degree."

At the McKellar General Hospital, at Fort William the usual Sunday and holiday hours were put into effect. States Mr. H. H. Browne, superintendent: "There was no confusion or interruption of any of the services. Accidents in the emergency ward were negligible. The loyalty of the staff was perfect, and there was no thought of anyone not remaining at their duties."

So there is the record. Hospital employees, take your bow!

Hospitals as Memorials (Concluded from page 40)

Among such possible projects the possibility of war memorial hospitals or of a memorial wing to an existing hospital should be given the most serious consideration. This, of course, might not be at all applicable in some communities; that would be for the local health leaders to decide. Also, very little would be gained if there were set up a war memorial hospital in a community where there are already sufficient hospitals; all of these factors would need to be taken into consideration. If, however, it would seem desirable to those who are interested in hospital work that a war memorial hospital or war memorial wing to an existing hospital should be set up, steps should be taken to bring this proposal to the attention of the committee charged with the local war memorial. The initiative in bringing this idea to the attention of the city may need to be taken by the hospital authorities for the thought of a hospital as a memorial may not occur to those who are not directly concerned with hospital work.

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